FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004237 (3)**

1. Corporation Name

LAURUSS, INC.

Principal Place of Business	Mailing Address
LOOCKERMAN SQ. SUITE L-100 DOVER DE 19901	LOOCKERMAN SQ. SUITE L-100 DOVER DE 19901

3. Date Incorporated or Qualified: **08/16/1994**

3a. Date of Last Report: **03/21/1995**

4. FEI Number: **98-0106530** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (If this Registered Agent is a corporation, the signature must be that of an officer or director of the corporation.) DATE

12. OFFICERS AND DIRECTORS		
TITLE	CP	☐ DELETE
NAME	GOLDSTEIN, DAVID	
STREET ADDRESS	48 ST. CLAIR AVE W., SUITE 1100	
CITY-ST-ZIP	TORONTO, ONTARIO,CANADA	
TITLE	VD	☐ DELETE
NAME	GOLDSTEIN, BONNIE	
STREET ADDRESS	48 ST. CLAIR AVE W., SUITE 1100	
CITY-ST-ZIP	TORONTO, ONTARIO,CANADA	
TITLE	SD	☐ DELETE
NAME	GOLDSTEIN, LAURENCE	
STREET ADDRESS	48 ST. CLAIR AVE W., SUITE 1100	
CITY-ST-ZIP	TORONTO, ONTARIO,CANADA	
TITLE	ASD	☐ DELETE
NAME	GOLDSTEIN, RUSSELL	
STREET ADDRESS	48 ST. CLAIR AVE W., SUITE 1100	
CITY-ST-ZIP	TORONTO, ONTARIO,CANADA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____ Feb 2/96 (416)961-5556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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