

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

Reinstatement
APPROVED
AND
FILED

1997 JAN -8 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

PROFIT CORPORATION ANNUAL REPORT
FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006206 (6)

1. Corporation Name

157824 CANADA INC.

Principal Place of Business Mailing Address
5333 CASGRAIN STREET, 12TH FLOOR 5333 CASGRAIN STREET, 12TH FLOOR
MONTREAL, QUEBEC H1T 1X3 CANAD-A MONTREAL, QUEBEC H1T 1X3 CANAD-A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

3a. Date of Last Report

12/06/1994

4. FEI Number

Applied For

65-0108454

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANELLA, ROSS ESQ.

MANELLA, KLAPHOLZ & HOCHSZTEIN, P.A.

2206 HOLLYWOOD BLVD.

HOLLYWOOD FL 33020

81 Name

Ross Manella

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

2500 Hollywood Blvd #212

83

Hollywood, FL 33020

84 City

Hollywood, FL

85 Zip Code

33020

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

Signature, typed or printed name of registered agent and date if applicable.

Ross Manella, Esq.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/21/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE CP
NAME SMILEY, MURIEL
STREET ADDRESS 5333 CASGRAIN ST., 12TH FL
CITY-ST-ZIP MONTREAL, QUEBEC H1T 1X3 CANAD-A

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

REINSTATEMENT

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

REINSTATEMENT

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

700002052347-1
-01/09/97--01051--002
****375.00 ****375.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

700002052347-1
-01/09/97--01051--003
****200.00 ****200.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 if changed, or on an attachment with an address.

SIGNATURE

Murial Smiley

12/21/96

CR2E034 (3/95)