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FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F95000000571 (8)  
1. Corporation Name  
INTERUNION FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

249 ROYAL PALM WAY  
SUITE 301-H  
PALM BEACH FL 33480

249 ROYAL PALM WAY  
SUITE 301-H  
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1995

4. FEI Number

87-8520294 52-200-2396

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARY, T. JACK III  
250 ROYAL PALM WAY  
PALM BEACH FL 33480

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
BENARROCH, GEORGES  
130 ADELAIDE ST. W., SUITE 3303, TORONTO  
ONTARIO, CANADA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GLOVER, ANN  
130 ADELAIDE ST. W., SUITE 3303  
TORONTO, ONTARIO M5H 3P5

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOLENS, KAREN LYNN  
10 RUE PIERRE-FATIO  
GENEVA, SWITZERLAND

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DE STADELHOFEN, JACQUES MEYER  
10 RUE PIERRE-FATIO  
GENEVA, SWITZERLAND

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GARY, T. JACK III  
250 ROYAL PALM WAY  
PALM BEACH FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
P  
Benarroch, Georges  
130 Adelaide St. W., Suite 3303  
Toronto, Ontario M5H 3P5

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
V  
Kletz, Selwyn  
499 Riverside Drive  
Toronto, Ontario M6S 4B6

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
D  
Bier, Colin  
677 Dr. Frederick Philips  
St. Laurent, Quebec H4M 2W3

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
V  
Ayache, Claude  
118 Robert Hicks Drive  
Willowdale, Ontario M2R 3R4

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Georges Benarroch

(561) 820-0084

CR2E034 (10/97)