

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90226 046 \*\*\*150.00

DOCUMENT # F95000000571

1. Corporation Name

INTERUNION FINANCIAL CORPORATION

Principal Place of Business

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

Mailing Address

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

52-2002396

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 the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

99.04.29

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
BENARROCH, GEORGES  
130 ADELAIDE ST W, STE 3303  
TORONTO ON M5H3P

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
GLOVER, ANN  
130 ADELAIDE ST W, STE 3303  
TORONTO, ONTARIO M5H 3P5 M5H3P

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
BOLENS, KAREN L  
10 RUE PIERRE-FATIO  
GENEVA SW

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

V  
KLETZ, SELWYN  
499 RIVERSIDE DR  
TORONTO ON M6S4B

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D

Crösbie, Robert W.  
RR#3, Port Hope,  
Ontario L1A 3V7

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V

Ayache, Claude  
118 Robert Hicks Drive  
Toronto, ON M2R 3R4

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

Kalman, Melvyn  
P.O. Box 316 Jardin House, 1 Westley St  
St. Helier, Jersey, U.K. J34 8UD

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

S

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99.04.29

Date

416-988-0777

Daytime Phone #

CR2E034 (11/98)