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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500000933

CADIM FLORIDA (U.S.) INC.

Principal Place of Business Mailing Address							- I 1801) OD 1510 IBIOI BIIII BESIL EBISI BELII OBSIL EBISI EBISI EBIO IBION ISION I
430 PARK AVE. 430 PARK AVE.							
10TH FLOOR 10TH FLOOR						DO NOT WRITE IN THIS SPACE	
NEW YORK NY 10022 NEW YORK NY 10022						3. Date Incorporated or Qualifed	
							02/24/1995
A Data da al Di	f Durings	1 20 M	ailing Address				4. FEI Number Applied For
_ `	ace of Business	\vdash	aining Address				13-3801176 Not Applicable
Suite, Apt. 1	# atc	26 Su	ite, Apt. #, etc.				\$8.75 Additional
22	r, 616.	27	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing 55.00 May Be
23		28 - ~		_		برجيم والمسي	Trust Fund Contribution Added to Fees
Zip	Country	Zir	p	Country			8. This corporation owes the current year Intangible
24	25	29	30] _			Personal Property Tax. ☐ Yes 🛣 No
	9. Name and Address of Current	Register	ed Agent				10. Name and Address of New Registered Agent
				81	Nam	€	
C T CORPORATION SYSTEM					Stree	t Addres	ss (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD.				Ľ,			
PLANTATION FL 33324			83				
				84	City		FL 85 Zip Code
44 Curament	to the provisions of Sections 607 0600	and 607	1508 Florida Statutes	the above	e-name	d corpor	ration submits this statement for the nurpose of changing its registered
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 an	nlicable (NOTE: Re	nistered Anet	n sionatur	e reduired :	when reinstating) DATE
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	S		DELETE	1.1 TITLE			X Change ☐ Addition
NAME	LEZESQUE, CELINE			1.2 NAME		LE	VESQUE, CELINE; 800 SQUARE
STREET ADDRESS	383 RUE ST-JACQUES			1.3 STREE	TADORES	sVIC	CTORIA, SUITE 4400, P.O. BOX 118
CITY-ST-ZIP	MONTREAL, QUEBEC H2Y1N-9			1.4 CITY-S	T-ZIP		H(4Z) 1B7
TITLE	VD		DELETE	2.1 TITLE			Change Addition
NAME	DROUIN, SYLVIE			2.2 NAME			OO SQUARE VICTORIA
STREET ADDRESS	383 RUE ST-JACQUES		-	2.3 STREE	FADDRES	s SV	JITE 4400, P.O. BOX 118
CITY-ST-ZIP	MONTREAL, QUEBEC H2Y 1_		_	2.4 CITY-5	T-ZIP		H4Z_1B7
TITLE	PD		☐ DELETE	3.1 TITLE		$\top_{\mathbf{p}}$	D/C X Change Addition
NAME =	COLLIN, ANDRE	_=		:3.2 NAME -		- 1	The same of the sa
STREET ADDRESS	383 RUE ST-JACQUES			3.3 STREE	(ADDRES	s 800) SQUARE VICTORIA,STE 4400,P.O. BOX 118
CITY-ST-ZIP	MONTREAL, QUEBEC H27 1			3.4. CITY-9	T-ZIP		H4Z_1B7
TITLE	T		☐ ØELETE	4.1 TITLE			Tax_rby Change Addition
NAME	DESNOYERS, PIERRE			4.2 NAME			
STREET ADDRESS	383 RUE ST-JACQUES			4.3 STREE	TADDRES	s 800	SQUARE VICTORIA, STE 4400, P.O. BOX 118
CITY-ST-ZIP	MONTREAL, QUEBEC H2Y1N-9	·		4.4 CITY-S	T-ZIP	ļ	H4Z_1B7
TITLE	AS		C DELETE	5.1 TITLE		-	☐ Change ☐ Addition
NAME	GARTNER, GARY			5.2 NAME			
STREET ADDRESS	430 PARK AVE.			5.3 STREE		s	
CITY-ST-ZIP	NEW YORK NY 10022			5.4 CITY-S	T- ZIP	1	
TITLE	•		☐ DELETE	6.1 TITLE		V/	
NAME				6.2 NAME		GI	BEAULT, PIERRE;
STREET ADDRESS				6.3 STREE	ADORES	s 800	SQUARE VICTORIA, STE 4400, P.O. BOX 118

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 attac/iment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Gary Gartner

3/16/99

(212) 308-8866

Daytime Phone #