

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760.)

FILED  
 Sep 05 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000000429 (8)**  
 1. Corporation Name  
**SERBRAIE LTEE**



Principal Place of Business 645 CR CUSSON ST-BRUNO P.O CANADA J3V-6G1	Mailing Address 2395 NE 135 LANE NORTH MIAMI FL 33181
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 CP 23572 Suite, Apt. #, etc. 22 BELLOEUIL City & State 23 PQ Zip 24 J3G 6M2	2a. Mailing Address 26 2390 SW 51 PL Suite, Apt. #, etc. 27 FT LADERDALE City & State 28 IN RAVENSWOOD GARDEN Zip 29 33312	Country 25 CANADA	Country 30 FLORIDA
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3. Date Incorporated or Qualified 01/24/1996	3a. Date of Last Report
4. FET Number 98-0156495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
 GINGRAS, BERTRAND  
 2395 NE 135 LANE  
 NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name 2390 SW 51 PL
82 Street Address (P.O. Box Number is Not Acceptable) RAVENSWOOD GARDEN
83
84 City FT LADERDALE FL
85 Zip Code 33312

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 BERTRAND GINGRAS *[Signature]* DATE 08/23/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE C	<input type="checkbox"/> DELETE
NAME GINGRAS, BERTRAND	
STREET ADDRESS 2995 NE 135 LANE	
CITY-ST-ZIP NORTH MIAMI FL 33181	
TITLE P	<input type="checkbox"/> DELETE
NAME GINGRAS, BERTRAND	
STREET ADDRESS 645 CR CUSSON ST-BRUNO	
CITY-ST-ZIP P.O CANADA J3V-6G1	
TITLE VST	<input checked="" type="checkbox"/> DELETE
NAME MURPHY, PAULINE	
STREET ADDRESS 778 AMAZONE	
CITY-ST-ZIP MARCO ISLAND FL 33937	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME GINGRAS BERTRAND	
1.3 STREET ADDRESS 2390 SW 51 PL	
1.4 CITY-ST-ZIP FT LADERDALE FL 33312	
2.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME GINGRAS BERTRAND	
2.3 STREET ADDRESS 2390 SW 51 PL	
2.4 CITY-ST-ZIP FT LADERDALE FL 33312	
3.1 TITLE VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME MARIETTE GAGNON	
3.3 STREET ADDRESS 2390 SW 51 PL	
3.4 CITY-ST-ZIP FT LADERDALE FL 33312	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 200002286502	
6.3 STREET ADDRESS -09/08/97--01004--011	
6.4 CITY-ST-ZIP ***550.00	

14. I do 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.

CR2E034 (4/97)

TS 9/5/97