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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600006321

1. Corporation Name

DALFEN SARNO ENTERPRISES, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90045 017 ***150.00



						i			
Principal Place	of Business	Mailing Address	Mailing Address						
8479 PLACE DEVONSHIRE VILLE MONT-ROYAL QUEBEC H4P 1S5 CANANDA		8479 PLACE DEVONSHIRE VILLE MONT-ROYAL QUEBEC H4P 1S5 CANANDA			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 12/04/1996			
Principal Place of Business 2a. Mailing Address			_			4. FEI Number	Α	Applied For	
21 26			_			98-0166060		lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 4444 St. Catherne Nest #100 27 4444 Ste Cath			erine i	ine West #100 5. Certificate of Status Desired				Additional Required	
City & State	City & State City & State			Duebec		6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip	Country	Zip	Country			This corporation owes the current y Personal Property Tax.	year Intangible ☐ Yes	□No	
						10. Name and Address of New Regis			
9. Name and Address of Current Registered Agent						To. Harrie and Address of New Region	stered Agent		
COBB, THOMAS C ESQ				Name					
1399 SW FIRST AVE #400			82 Street Address (P.O. Box Number is Not Acceptable)						
,			ļ						
MIAMI FL 33131			83	Į.				ļ	
				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 OFFICE	RS AND DIRECT		
TITLE	PST	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	DALFEN, MURRAY		1.2 NAME						
STREET ADDRESS 8479 PLACE DEVONSHIRE			1.3 STREET ADDRESS		444	44 Ste Catherine West # 100			
CITY-ST-7IP	QUEBEC H4P 1S5 CANANDA		1,4 CITY-5			1 sayou trumps			

Change ☐ Addition □ DELETE 2.1 TITLE TITLE DALFEN, MURRAY 2.2 NAME NAME 4444 Ste. Gtherine West #100 8479 PLACE DEVONSHIRE 2.3 STREET ADDRESS STREET ADDRESS Westmount, Quebec H3ZIBD QUEBEC H4P 1S5 CANANDA 2. 4 CITY-ST-ZIF CITY-ST-ZIF DELETE ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4,1 TITLE TILE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 address, with all other like empowered.

SIGNATURE:

CR2E034-(11/98)