

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

0001204

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-15-1999 90045 011 ***150.00

DOCUMENT # F96000006384

1. Corporation Name

DALFEN SUNSHINE ENTERPRISES INC.

Principal Place of Business

%MURRAY DALFEN
8479 PL DEVONSHIRE, VILLE MONT-ROYAL
QUEBEC H4P 1S5, CANADA

Mailing Address

%MURRAY DALFEN
8479 PL DEVONSHIRE, VILLE MONT-ROYAL
QUEBEC H4P 1S5, CANADA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1996

4. FEI Number

59-2392726

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

21 910 MURRAY DALFEN

Suite, Apt. #, etc.

22 4444 STE-CATHERINE W.

City & State SUITE 100

23 WESTMOUNT, QUEBEC

Zip

24 H32-1R2 25 CANADA

2a. Mailing Address

26 910 MURRAY DALFEN

Suite, Apt. #, etc.

27 4444 STE-CATHERINE WEST

City & State SUITE 100

28 WESTMOUNT, Quebec

Zip

29 H32-1R2 30 CANADA

9. Name and Address of Current Registered Agent

COBB, THOMAS C ESQ
1399 SW 1ST AVE #400
MIAMI FL 33130

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

12. OFFICERS AND DIRECTORS

TITLE DCPS ☐ DELETE
NAME DALFEN, MURRAY
STREET ADDRESS 8479 PL DEVONSHIRE, VILLE MONT-ROYAL
CITY-ST-ZIP QUEBEC H4P 1S5, CANADA

TITLE T ☐ DELETE
NAME DALFEN, MURRAY
STREET ADDRESS 8479 PL DEVONSHIRE, VILLE MONT-ROYAL
CITY-ST-ZIP QUEBEC H4P 1S5, CANADA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4444 STE-CATHERINE WEST, SUITE 100
1.4 CITY-ST-ZIP WESTMOUNT, QUEBEC H32-1R2

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4444 STE-CATHERINE WEST, SUITE 100
2.4 CITY-ST-ZIP WESTMOUNT, Quebec, CAN H32-1R2

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)