Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90051 002 ***150.00

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

DOCUMENT # F9700005117

1. Corporation Name

SOCIETE DE GESTION CHILBANIT LITEE

SOCIET	E DE GESTION GUILBAUL	I Litt							
Principal Plac	ce of Business	Mailing Address				-{	i Baill Baill Brist Allaí	. ((68) ((8) (8) (8)	
13000 GULF B		22 CIRCLE ROAD							
309 POINTE-CLAIRE.QUEBEC HS									
MADEIRA BEACH FL 33708 CA						DO NOT WRITE IN THIS SPACE			
OC						3. Date Incorporated or Qualifed			
2 Principal I	Place of Business	2 Mailing Address				10/01/1997 4. FEI Number	 _	Tangar.	
— ·	Place of Business	2a. Mailing Address				52-2108980	-	Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			-	 ,	~	-	\$8	Not Applicable 75 Additional	
22		27				5. Certificate of Status Desired	1 1	e Required	
City & Sta	te	City & State				6. Election Campaign Financing	\$5	.00 May Be	
23		28				Trust Fund Contribution	1 1	ded to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current	nt year Intangible		
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered Agent		
DID	OCCO DOMBDOW & ACCOCIA:	TEC DA		81 N	lame				
DIROCCO, DOMBROW & ASSOCIATES, P.A. 6610 N. UNIVERSITY DR, SUITE 220 TAMARAC FL 33321				82 S	treet Addre	et Address (P.O. Box Number is Not Acceptable)			
1 /484	IANAC FE 33321			83					
				84 C	ity		85	Zip Code	
							FL		
11. Pursuant office or	t to the provisions of Sections 607.05 registered agent, or both, in the State	i02 and 607.1508, Florida Statu e of Florida. Such change was a	tes, the at authorized	ove-na	amed corpor corporation	ration submits this statement for the p	urpose of changin the appointment a	g its registered as registered	
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statu	ites.					
SIGNATURE									
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTI	E: Registered	Agent sig	nature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	CTORS IN 12	
TITLE	PSD	DELETE	1.1 77	1F		ADDITIONS/CHANGES TO OFFI	CERS AND DIKE		
NAME	GUILBAULT, PAUL		1.2 NA				Ç		
STREET ADDRESS	44 OFFICE 55			1.3 STREET ADDRESS					
CITY-ST-ZIP	POINTE-CLAIRE, QUEBEC H9	R1X1		Y-ST-ZIF				,	
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NAME		-	2.2 NA				ے د		
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NAME			3.2 NA					J	
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NAME			4. 2 NA						
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CITY-ST-ZIP				Y-ST-ZIP	- 1			ļ	
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NAME		j	5.2 NA	ME					
STREET ADDRESS			5.3 STF	REET ADD	RESS			ľ	
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	·			ŀ	
TITLE		☐ DELETE	6.1 TITI	E			☐ Char	nge Addition	
NAME			6.2 NA	ME			_		
STREET ADDRESS	1		6.3 STF	REETADD	RESS			ĺ	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR