

FILED

Apr 22 1997 8:00am  
Secretary of State

| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                           |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # <b>G14188</b> (8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                                                                                              |                                                                   |
| 1. Corporation Name<br><b>INTER-QUIP CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                                                                                                                                              |                                                                   |
| Principal Place of Business<br><b>9273 COLLINS AVE.<br/>#905<br/>SURFSIDE FL 33154</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | Mailing Address<br><b>MR. ROMEO BOYER<br/>60 BERLIOZ #1506<br/>VERDUN, QC CANADA H3E 1M4</b><br><i>NOT A US</i>                                              |                                                                   |
| 2. Principal Place of Business<br>21. State, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 26. Mailing Address<br>26. Suite, Apt. #, etc.                                                                                                               |                                                                   |
| 23. Zip<br>Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 27. City & State<br>28. Zip<br>Country                                                                                                                       |                                                                   |
| 24. Zip<br>Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 29. Zip<br>Country                                                                                                                                           |                                                                   |
| 9. Name and Address of Current Registered Agent<br><b>BRUNTON REGISTERED AGENTS, INC.<br/>4710 NW BOCA RATON BLVD., #101<br/>BOCA RATON FL 33431</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           | 10. Name and Address of New Registered Agent                                                                                                                 |                                                                   |
| 11. I, the undersigned, being duly sworn, depose and say that 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.                                                                                                                                                                                                               |                                                                           | 11. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                   |
| SIGNATURE<br>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when changing office.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                                                                                              |                                                                   |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                        |                                                                   |
| 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PTD<br>BOYER, ROMEO<br>60 BERLIOZ, #1506<br>VERDUN, QC CANADA H3E 1M4     | 1. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE<br>6. NAME<br>7. STREET ADDRESS<br>8. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S<br>LABRECQUE, ESTELLE<br>60 BERLIOZ, #1506<br>VERDUN, QC CANADA H3E 1M4 | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE<br>10. NAME<br>11. STREET ADDRESS<br>12. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE<br>14. NAME<br>15. STREET ADDRESS<br>16. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE<br>18. NAME<br>19. STREET ADDRESS<br>20. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21. TITLE<br>22. NAME<br>23. STREET ADDRESS<br>24. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 25. TITLE<br>26. NAME<br>27. STREET ADDRESS<br>28. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 29. TITLE<br>30. NAME<br>31. STREET ADDRESS<br>32. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 33. TITLE<br>34. NAME<br>35. STREET ADDRESS<br>36. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 37. TITLE<br>38. NAME<br>39. STREET ADDRESS<br>40. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41. TITLE<br>42. NAME<br>43. STREET ADDRESS<br>44. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 45. TITLE<br>46. NAME<br>47. STREET ADDRESS<br>48. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 49. TITLE<br>50. NAME<br>51. STREET ADDRESS<br>52. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 53. TITLE<br>54. NAME<br>55. STREET ADDRESS<br>56. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 57. TITLE<br>58. NAME<br>59. STREET ADDRESS<br>60. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61. TITLE<br>62. NAME<br>63. STREET ADDRESS<br>64. CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 5. 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 in person. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. |                                                                           |                                                                                                                                                              |                                                                   |
| SIGNATURE: <i>Romeo Boyer</i> <b>ROMEO BOYER April 12<sup>th</sup>, 97 (514)</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>447-4321</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                                                                                                                              |                                                                   |



CR2E034 (12/95)