

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 31 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # H45857 (0)  
 1. Corporation Name  
 ALEXIS NIHON PROPERTIES CORPORATION



Principal Place of Business: 10201 HAMMOCKS BLVD. MIAMI FL 33196  
 Mailing Address: 10201 HAMMOCKS BLVD. MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	6380 Cole-de-Liesse	03/07/1985	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				94-2992465	
23. City & State		28. St. Laurent Quebec		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. H4T 1E3		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Canada		7. 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				10. Name and Address of New Registered Agent			
VALDES-FAULI CORPORATE SERVICE, INC. 777 S. FLAGLER DRIVE SUITE 500E WEST PALM BEACH FL 33401				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD MASSICOTTE, PAUL J. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	320 SIMCOE ST MONTREAL, QUEBEC	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WETHERLY, IAN <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8 HUDSON WESTMARK MONTREAL, QUEBEC	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ASD TURPIN, ROGER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	248 PICARD ST EUSTACHE QU	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED JULY 27 98. (rid) 737-3341

CR2E034 (5/98)

*Alexis Nihon*

6380 Côte de Liesse  
St-Laurent, Québec  
H4T 1E3

August 13, 1998

Tél.: (514) 737-3344  
Télécop.: (514) 341-5712

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**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee FL  
32302-1500

**RE : ALEXIS NIHON PROPERTIES CORPORATION**  
**ALEXIS NIHON USA CORPORATION**

Dear Sirs,

Enclosed please find the 1998 Annual Report for the above-mentioned companies together with two cheques in the amount of \$165,00 each representing the filing fees.

We received this second notice but never received the first notice. I therefore request that you waive the filing penalty. I have made a correction on the Annual Report so that they be sent to our office in the future in order.

I thank you in advance for your cooperation in this matter.

Yours truly,  
**ALEXIS NIHON PROPERTIES CORPORATION**  
**ALEXIS NIHON USA CORPORATION**

*Manon Sigouin*

Manon Sigouin  
Legal Assistant

MS/gg

Encl.