


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

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**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90010 039 \*\*\*317.50

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H68315**

1. Corporation Name  
**METRO INTERNATIONAL BATON ROUGE, INC.**



Principal Place of Business 390 BAY ST 1900 TORONTO, ONTARIO CA M5H 2-2 US	Mailing Address 390 BAY ST 1900 TORONTO, ONTARIO CA M5H 2-2 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/24/1985	4. FEI Number 98-0071654	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD APPS, ALFRED 390 BAY ST TORONTO ONTARIO CANADA	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD GOLB VOLLMEER 390 BAY STREET SUITE 1900 TORONTO, ONTARIO CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SCOTT, JOHN 390 BAY STREET., STE 1900 TORONTO ONTARIO CANADA M5H2Y-2	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VC MIKE KNOWLTON 390 BAY STREET SUITE 1900 TORONTO ONTARIO CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIUME, DAVE 390 BAY STREET., STE 1900 TORONTO ONTARIO CANADA M5H2Y-2	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V SANDY SIMON ITS 390 BAY STREET SUITE 1900 TORONTO ONT CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIAMBATTISTA, CARMEN 390 BAY STREET., STE 1900 TORONTO ONTARIO CANADA M5H2Y-2	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAWKER, FERN 390 BAY STREET., STE 1900 TORONTO ONTARIO CANADA M5H2Y-2	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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] **SIGNATURE REQUIRED** 04/20/99 (416)365-6562  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)