

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED

Feb 06 1996 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J51633 (2)

1. Corporation Name
INTERPARCO, INC.

Principal Place of Business	Mailing Address
2611 NW 63RD STREET BOCA RATON FL 33496	2611 NW 63RD STREET BOCA RATON FL 33496

3. Date Incorporated or Qualified 01/09/1987	3a. Date of Last Report 10/19/1995
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2. Principal Place of Business	2a. Mailing Address
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	24 Country	25 Zip	26 Country
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4. FEI Number 65-0118398	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

SAMSON, JACQUES E
2811 N.W. 63RD STREET
BOCA RATON FL 33494-2032

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

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	P	<input type="checkbox"/> DELETE
NAME	JACQUES E. SAMSON	
STREET ADDRESS	2500 AVE PIERRE DUPUY APT 1008	
CITY-ST-ZIP	MONTREAL QUEBEC CANADA CD H3C4L-1	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LUC P. SAMSON	
STREET ADDRESS	1200 RUE DES PERDRIX	
CITY-ST-ZIP	LONGUEUIL QUEBEC CANADA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARCEL G. SAMSON	
STREET ADDRESS	61 CHARLOTTE DENYS	
CITY-ST-ZIP	BOUCHERVILLE QUEBEC CANADA CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHANTAL SAMSON	
STREET ADDRESS	4164 STE-ANNE	
CITY-ST-ZIP	PIERREFONDS QUEBES	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	PIERREFONDS QUEBEC, CANADA
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUES E. SAMSON JAN 31/96

Date

Daytime Phone #

407-994-3441

CR2E034 (12/95)