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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J51633

INTERPARCO, INC.

(2)

FILED Jan 23 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | 4 1001618 BEBT BEEDT TIBER BITOS INTO | !!! ! 8!8!! 8!8! | | IF ALBII 1861 | |
|--|--|--------------|------------------------|-----------|--|-------------------|---|-------------------------|-------------------------------|-----------------------------|--|
| 2611 NW 63RD \$TREET 2611 NW 63RD \$TREET BOCA RATON FL 33496 BOCA RATON FL 33496 | | | | | | DO NOT WRIT | E IN THIS | SPACE | | | |
| | | | | | | | 3. Date Incorporated or Qualified 01/09/1987 | | . , 7 | | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 4. FEI Number | | Ar | pplied For | |
| 21 | | | 26 | | | | | | | ot Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | X | | Additional squired | |
| City & State | | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 | | | 28 | | | | Trust Fund Contribution Added to Fees | | | | |
| Zip | Country | | Zip Country | | | | 8. This corporation owes or has paid the current year Intangible | | | | |
| 24 | 25 29 30 | | | 30 | | | | ₫ No | | | |
| g. Name and Address of Current Registered Agent | | | | | 10, Name and Address of New Registered Agent 81 Name | | | | Agent | | |
| | MSON, JACQUES E | | | 8 | η. | Name | | | | | |
| 2611 N.W. 63RD STREET BOCA RATON FL 33494-2032 | | | | | | Street Addre | fress (P.O. Box Number is Not Acceptable) | | | | |
| 311 | | | | 8 | 3 | | | | | | |
| | | | | 8 | 4 | City | | FL | 85 Zip | Code | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, toffice or registered agent, or both, in the State of Florida Such change was auth | | | | | | named corporation | oration submits this statement for the on's board of directors. I hereby acce | purpose o | f changing it pointment as | ls registered 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| 12. | OFFICERS | AND DIREC | CTORS | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND | DIRECTOR | RS IN 12 | |
| TITLE | P | | ☐ DELET e | 1.1 TITLE | | | | | Change | Addition | |
| NAME JACQUES E. SAMSON | | | 1.2 N | | E | | | | | | |
| STREET ADDRESS 2500 AVE PIERRE DUPUY APT | | | | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP MONTREAL QUEBEC CANADA | | | A CD H3C4L-1 | | | -ZIP | | | | j | |
| TITLE | VP | | DELETE | 2.1 TITLE | | | | | Change | Addition | |
| NAME | LUC P. SAMSON | | 2.2 | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 1200 FUE DES PERDRIX | | 2.3 \$ | | 2.3 STREET ADDRESS | | | | | 1 | |
| CITY-ST-ZIP | LONGUEUIL QUEBEC CAN | NADA | | | 2. 4 CITY - ST - ZIP | | | | | | |
| TITLE | VP | | ☐ DELETE | 3.1 TITLE | | | | | Change | Addition [| |
| NAME | MARCEL G. SAMSON | | 3.2 NAM | 3.2 NAME | | | | | [| | |
| STREET ADDRESS | | | | 3.3 STRE | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | BOUCHERVILLE QUEBEC CANADA CA | | | 3.4. CITY | 3.4. CITY-ST-ZIP | | | | _ | | |
| TITLE | SULANTAL CAMOON | | ☐ DELETE | 4.1 THTLE | | | | | Change | Addition | |
| NAME | CHANTAL SAMSON | | | 4. 2 NAM | E | | | | | | |
| STREET ADDRESS | 4164 STE-ANNE | | | 4 3 STRE | et Ai | DDRESS | | | | | |
| City-St-ZIP | PIERREFONDS QUEBEC CA | | | | 4.4 C(TY+ST-Z(P | | | | | | |
| TITLE | ☐ DELETE | | | 5.1 TITLE | 5.1 TITLE | | | | ☐ Change | Addition | |
| NAME | | | | 5.2 NAM | Ε | | | | | | |
| STREET ADDRESS | | | | 5.3 STRE | et al | DDRESS | | | | | |
| CITY-ST-ZIP | | | T | 5.4 CITY | | ·ZIP | | | | | |
| TITLE | | | DELETE | 6.1 TITLE | | | | | Change | Addition | |
| NAME | | | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | | 6.3 STRE | FT AI | DDRESS | | | | | |
| CITY-ST-ZIP | and the state of t | ddls Alst. 1 | 1862 Hall 2-1 - 1-19 1 | 6.4 City | | | Conting 110 07/2V/i) Florida Statutas | l f outle = - | | Information | |

mercy comprises the mormation supplied with this timing coes not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 trusted 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.