FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K12815 (2)

1. Corporation Name
MARAL U.S.A., INC.

Principal Place of Business	Mailing Address
3107 AVE DES HOTELS SUITE 18 SAINTE FOY-QUEBEC-CANADA ~~H0P1T0~~ G1W 4W5	3107 AVE DES HOTELS SUITE 18 SAINTE FOY-QUEBEC-CANADA ~~H0P1T0~~ G1W 4W5

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1988
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 98-0103637 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BEHAR, LARRY J., P.A.
888 SE 3RD AVE STE 400
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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 _____ Signature, Type or Print Name of Registered Agent and Title, if applicable NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MARQUIS, LUCIER (see Mailing Address)	12 NAME	MARQUIS Lucien
STREET ADDRESS	~~888 SE 3RD AVE STE 400~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	MARQUIS, LUCIER	22 NAME	
STREET ADDRESS	~~888 SE 3RD AVE STE 400~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: [signature] Date: 4-14-95 Daytime Phone: 305-786-0245

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

0484390 FN