


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90162 031 \*\*\*150.00

<b>DOCUMENT # K13167</b>	
1. Entity Name <b>MONTENAY INVESTMENTS, INC.</b>	

Principal Place of Business <b>ONE PENNSYLVANIA PLAZA SUITE 4400 NEW YORK, NY 10119</b>	Mailing Address <b>ONE PENNSYLVANIA PLAZA SUITE 4400 NEW YORK, NY 10119</b>
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**54052170**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0110005</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PASSAGE, STEPHEN S ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPTAS Murphy Thomas A One Pennsylvania Plaza, Ste 4400 New York NY 10119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORTON, THOMAS A 6990 NW 97 AVE MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lehr, Jay One Pennsylvania Plaza, Ste 4400 New York NY 10119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MURPHY, THOMAS ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Conde, Cristina 6990 NW 97th Ave., Unit 5 Miami FL 33189 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEU, CHRISTOPHER J ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Bruckert, Raphael B. 1605 Main Street, Ste 711 Sarasota FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SKOPP, FREDRIC M 1605 MAIN STREET SUITE 711 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Karius, Hank P. 125 So. 84th Street, Ste 200 Milwaukee WI 53214 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHAE, YOON ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cristina Conde **CRISTINA CONDE** 04-30-04 (305) 499-9495  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



April 30, 2004

Certified Mail Receipt: 7003 2260 0005 8067 3151

Division of Corporations  
P.O. Box 1500  
Tallahassee FL 32302-1500

Re: Florida Annual Reports  
Year 2004

Dear Representative:

On behalf of the above following companies, please find attached the Annual Report and appropriate fee, for year 2004:

<u>Company</u>	<u>FEIN</u>	<u>Fee</u>	<u>Check #</u>
Montenay Investments, Inc.	65-0110005	150.00	110432
Montenay Power Corp.	59-2540394	150.00	110433
Onyx North America, Inc.	36-4394814	150.00	999003195
Berma Development Corporation	59-2593426	150.00	4331
M O'Connor LLC	65-0906543	50.00	4331
Montenay International Corp.	13-3077212	150.00	4331
Palm Bay Biscayne, Inc.	65-0272269	150.00	4331

Should you have any questions, please contact me at (305) 499-9494, extension 201.

Sincerely,

Cristina Conde  
Assistant Tax Director

/sea  
Attachments

04ccl048