

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:41

DOCUMENT # K17249 (9)

1. Corporation Name
DELMINOR BP INVESTMENTS, INC.

Principal Place of Business Mailing Address
770 SHERBROOKE ST. W., 20TH FLOOR **770 SHERBROOKE ST. W., 20TH FLOOR**
C/O C. RALPH, INACO INC. **C/O C. RALPH, INACO INC.**
MONTREAL, QB CANADA H3A1G1 **MONTREAL, QB CANADA H3A1G1**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/08/1988** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **98-0090697** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing **\$5.00 May Be Added to Fees**
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

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
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS	
TITLE	PTS
NAME	GOLDSTEIN, GEORGE (D)
STREET ADDRESS	770 SHERBROOKE ST W.
CITY - ST - ZIP	MONTREAL, QB, CANADA
TITLE	VD
NAME	KASSAB, ALBERT(AST-S)
STREET ADDRESS	770 SHERBROOKE ST W
CITY - ST - ZIP	MONTREAL, QB, CANADA
TITLE	VD
NAME	CHAIKELSON, MORTON
STREET ADDRESS	770 SHERBROOKE ST W
CITY - ST - ZIP	MONTREAL, QB, CANADA
TITLE	VD
NAME	REITER, BARRY
STREET ADDRESS	770 SHERBROOKE ST W
CITY - ST - ZIP	MONTREAL, QB, CANADA
TITLE	V
NAME	SHEAR, DAVID
STREET ADDRESS	175 N.W. FIRST AVE #2000
CITY - ST - ZIP	MIAMI FL
TITLE	AS
NAME	RALPH, SAMUEL
STREET ADDRESS	770 SHERBROOKE ST. W
CITY - ST - ZIP	MONTREAL, QB, CANADA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I, the undersigned, 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 included in 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 executor 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 attached report with an address.

SIGNATURE: Samuel Ralph SAMUEL RALPH Date: June 15, 1995 Telephone: (514) 288-4545
Signature and typed or printed name of signing officer or director

CR2E034 (3/95)