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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K20960

1. Corporation Name

_MALUBUR_INVESTMENT,_INC.

Principal Place of Business

Brunet, Robert 464 St Jean 2e Etage Montreal, Quebec, Canada Mailing Address

BRUNET, ROBERT 464 ST JEAN 2E ETAGE

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90194 043 ***150.00



MONTREAL. QUEBEC. CANADA		MONTREAL QUEBEC CANADA			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 04/14/1988	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number		- Ar	pplied For
21	1000 OF DOGINESS	26				65-0080485		_	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional
22	,, 0.0.	27				5. Certifcate of Status Desired			equired
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current	t vear Intai	ngible	
24	25	29	30			Personal Property Tax.		∐Yes	□No
	9. Name and Address of Curre			1		10. Name and Address of New Re	gistered A	gent	
				81	Name		_		-
	OKS, MARTIN G.			00	C44 4 4 4	(D.O. Day N bas is Net Assentable	-1		
4600	SHERIDAN STREET, STE 300			82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
STE	300 HOLLYWOOD FEDERAL BU	JILDING		83					
HOL	LYWOOD FL 33021			Ш					
				84	City		FL	1 .	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the a	bove	-named corp	poration submits this statement for the pu on's board of directors. I hereby accept t	rpose of c	nanging its	registered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Stat	utes.	ine corporati	on a board of directors. The eby accept to	по арропп	mont ab re	giotoro
SIGNATURE									
	Signature, typed or printed name of registered ag-			i Ageni	t signature require	ed when reinstaling)	DATE		
12.	OFFICERS A	ND DIRECTORS	13,			ADDITIONS/CHANGES TO OFFIC	CERS AND		ORS IN 12 ☐ Addition
ππE	P DOCEST	☐ DELETE	1.1 TO		1			Change	Addition
NAME	BRUNET, ROBERT		1.2 N						
STREET ADDRESS			1.3 \$7	TREET	ADDRESS				
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CITY-ST-ZIP	MONTREAL, QUEBEC, CAN								
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14. 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 informatio indicated on this annual report or supplimental 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 of the feceiver or truefee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SMATURE PARTO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1999 APRILT

514-845-622

Daytime Phone #

CR2F034 (11/0