

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:47

DOCUMENT # K24975

(0)

1. Corporation Name

DELMAJOR EDGEWATER, INC.

Principal Place of Business

C/O S. RALPH, IVACO INC.
770 SHERBROOKE ST. W. 20TH FLOOR
MONTREAL, QUEBEC CAN H3A 1G1

Mailing Address

C/O S. RALPH, IVACO INC.
770 SHERBROOKE ST. W. 20TH FLOOR
MONTREAL, QUEBEC CAN H3A 1G1

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/31/1988

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

98-0088481

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes

Yes No

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTS
NAME IVANIER, PAUL (D)
STREET ADDRESS 770 SHERBROOKE ST W.
CITY - ST - ZIP MONTREAL, QUEBEC, CAN.

TITLE VD
NAME IVANIER, SYDNEY
STREET ADDRESS 770 SHERBROOKE ST W
CITY - ST - ZIP MONTREAL, QUEBEC, CAN.

TITLE VD
NAME IVANIER, ISIN
STREET ADDRESS 770 SHERBROOKE ST W
CITY - ST - ZIP MONTREAL, QUEBEC, CAN.

TITLE VD
NAME GOLDSTEIN, GEORGE
STREET ADDRESS 770 SHERBROOKE ST W
CITY - ST - ZIP MONTREAL, QUEBEC, CAN.

TITLE AS
NAME KASSAB, ALBERT
STREET ADDRESS 770 SHERBROOKE ST W
CITY - ST - ZIP MONTREAL, QUEBEC, CAN.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 judicially 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 in an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. RALPH

June 15, 1995 (514)288-4545

Date

(Signature) Phone #

CR2E034 (3/95)