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 # **K61399** **(7)**

1. Corporation Name

TERRA MAJOR HAMPTONS, INC.

Principal Place of Business	Mailing Address
C/O S. RALPH IVACO INC. 770 SHERBROOKE ST. WEST. 20TH FLOOR MONTEAL. QB CANADA H3A1G1	C/O S. RALPH IVACO INC. 770 SHERBROOKE ST. WEST. 20TH FLOOR MONTEAL. QB CANADA H3A1G1

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 66-0452413	☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1 1 TITLE	☐ Change ☐ Addition
NAME	IVANIER, PAUL	1 2 NAME	
STREET ADDRESS	770 SHERBROOKE ST. W.	1 3 STREET ADDRESS	
CITY-ST-ZIP	QUEBEC, CANADA	1 4 CITY-ST-ZIP	
TITLE	VAS	2 1 TITLE	☐ Change ☐ Addition
NAME	RALPH, SAMUEL	2 2 NAME	
STREET ADDRESS	770 SHERBROOKE STREET W	2 3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CAN	2 4 CITY-ST-ZIP	
TITLE	~~VD~~	3 1 TITLE	☐ Change ☐ Addition
NAME	~~IVANIER, IGIN~~	3 2 NAME	
STREET ADDRESS	~~770 SHERBROOKE ST W~~	3 3 STREET ADDRESS	
CITY-ST-ZIP	~~MONTREAL, QUEBEC, CAN~~	3 4 CITY-ST-ZIP	
TITLE	VD	4 1 TITLE	☐ Change ☐ Addition
NAME	HERLING, MICHAEL	4 2 NAME	
STREET ADDRESS	770 SHERBROOKE ST W	4 3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CAN	4 4 CITY-ST-ZIP	
TITLE	VD	5 1 TITLE	☐ Change ☐ Addition
NAME	IVANIER, SYDNEY	5 2 NAME	
STREET ADDRESS	770 SHERBROOKE ST W	5 3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CAN	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(k), 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: Samuel Ralph SAMUEL RALPH June 15, 1995 (514)288-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184320 IN