

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K61402 (9)  
1. Corporation Name  
TERRA MINOR HAMPTONS, INC.



Principal Place of Business  
C/O S. RALPH IVACO INC.  
770 SHERBROOKE ST WEST. 20TH FLOOR  
MONTREAL, Q8 CANADA H3A1G1

Mailing Address  
C/O S. RALPH IVACO INC.  
770 SHERBROOKE ST WEST. 20TH FLOOR  
MONTREAL, Q8 CANADA H3A1G1

3. Date Incorporated or Qualified  
01/27/1989

3a. Date of Last Report  
03/22/1996

4. FEI Number  
66-0452414

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 Suite, Apt #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip  
29 Country

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, GEORGE	1.2 NAME	
STREET ADDRESS	770 SHERBROOKE ST. W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CAN	1.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH, SAMUEL	2.2 NAME	
STREET ADDRESS	770 SHERBROOKE ST W	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CAN	2.4 CITY-ST-ZIP	
TITLE	PTS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, GEORGE	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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAKELSON, MORTON	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RETTET, BARRY	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Sandra B. Mortham* February 4, 1997 (514) 288-4545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)