

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:30

DOCUMENT # K66248

(1)

1. Corporation Name

U.S. COF INC.

Principal Place of Business

2 ST. CLAIR AVENUE WEST, STE 701
ONTARIO,
CANADA, M4V1L5

Mailing Address

2 ST. CLAIR AVENUE WEST, STE 701
ONTARIO,
CANADA, M4V1L5

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/14/1989

3a. Date of Last Report

03/10/1994

4. FEI Number

98-0116493

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BOULEVARD
1500 MIAMI CENTER
MIAMI FL 33131

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

PRINCE, JONAS J.

STREET ADDRESS

43 RUSSELL HILL RD.

CITY - ST - ZIP

TORONTO ONTARIO, CA

TITLE

SD

NAME

SQUIBB, GEOFFERY WAYNE

STREET ADDRESS

46 HIGHLAND AVENUE

CITY - ST - ZIP

TORONTO ONTARIO, CA

TITLE

V

NAME

SORENSEN, JIMMY M.

STREET ADDRESS

40 AUSTIN AVENUE

CITY - ST - ZIP

TORONTO ONTARIO, CA

TITLE

AS

NAME

O'CONNELL, JAMES M.

STREET ADDRESS

201 S. BISCAYNE BLVD.

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

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

No Longer An Officer

☒ Change ☐ Addition

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(b), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONAS J. PRINCE

Date

JAN 31/95

(416)

923-1919

Janice M. Macchione

Barrister and Solicitor

2 St. Clair Avenue West, Suite 701

Toronto, Canada M4V 1L5

(416) 966-8373 • Fax (416) 923-3654

DELIVERED

February 3, 1995

**Division of Corporations
Annual Reports Section
409 East Gaines Street
Tallahassee, Florida
32399**

Dear Sirs:

**RE: U.S. COF Inc.
1995 Corporate Annual Return**

I enclose herewith the executed annual return together with a money order in the amount of \$200.00 U.S. dollars.

Trusting that this is satisfactory.

Yours very truly

JM Macchione

Janice M. Macchione

/cm

Enclosures