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Apr 11 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 # L31758 (0)

1. Corporation Name
PHILDIN, INC.

Principal Place of Business

Mailing Address

~~ROBERT A. CHAVES~~
9100 S. DADELAND BLVD., SUITE 1707, PH
MIAMI FL 33156

~~ROBERT A. CHAVES~~
9100 S. DADELAND BLVD., SUITE 1707, PH
MIAMI FL 33156

Teschler Chaves Rubin
Forman & Muller, P.A.

2. Principal Place of Business
Boca Corporate Centre
2101 Corporate Boul.

2a. Mailing Address
Phildin Inc.
4150 St. Catherine St. W.

Suite, Apt. #, etc.
Suite 216

Suite, Apt. #, etc.
Suite 400

City & State

City & State

23 Boca Raton, Florida

28 Westmount, Quebec

Zip Country
24 33431-7343 25 U.S.A.

Zip Country
29 H3Z 2Y5 30 Canada

3. Date Incorporated or Qualified
11/27/1989

3a. Date of Last Report
03/26/1996

4. FEI Number

98-0107671

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

M & W AGENTS, INC
ONE DATRAN CENTER, PH
9100 S DADELAND BLVD
MIAMI FL 33156

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, type 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 PD
NAME DOBRIN, MELVIN A.
STREET ADDRESS 4150 ST CATHERINE ST. W.
CITY, ST, ZIP MONT. QUEBEC, CANADA ☐ DELETE

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

TITLE DST
NAME DOBRIN, MITZI
STREET ADDRESS 4150 ST CATHERINE ST. W.
CITY, ST, ZIP MONT. QUEBEC, CANADA ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

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 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:

Melvin Dobrin
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Melvin Dobrin

April 1/97 (514) 935-9508

Date

Daytime Phone #

CR2E034 (9/96)