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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # L33181 **(3)**

1. Corporation Name
LEWDIN INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~% ROBERT A. CHAVES~~ ~~9100 S. DADELAND BLVD. SUITE 1707, PHI~~ ~~CORAL GABLES FL 33156-7818~~	~~% ROBERT A. CHAVES~~ ~~9100 S. DADELAND BLVD. SUITE 1707, PHI~~ ~~CORAL GABLES FL 33156~~
Tescher Chaves Rubin Forman & Muller, P.A.	
21 Boca Corporate Center 2101 Corporate Boul. Suite, Apt. #, etc.	26 Lewdin Inc. 4150 St.Catherine St. West Suite, Apt. #, etc. 27 Suite 400
23 Boca Raton, Florida	28 Westmount, Quebec
24 33431-7343 / 25 U.S.A.	29 H3Z 2Y5 / 30 Canada

3. Date Incorporated or Qualified: 12/01/1989
3a. Date of Last Report: 03/26/1996
4. FEI Number: 98-0107672 ☐ 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

M & W AGENTS, INC
ONE DATRAN CENTER, PHI
9100 SOUTH DADELAND BLVD.
MIAMI FL 33156

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOBRIN, MELVYN A.		1.2 NAME		
STREET ADDRESS	4150 ST. CATHERINE #400		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL, QUEBEC, CAN		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DOBRIN, MITZI		2.2 NAME		
STREET ADDRESS	4150 ST. CATHERINE #400		2.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL, QUEBEC, CAN		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] April 1,1997 (514) 935-9508