


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

FILED  
Mar 20 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **L49109** (6)  
1. Corporation Name  
**C & R INTERNATIONAL, INC.**



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|--|--|
| Principal Place of Business<br><b>ELDA COSENTINO<br/>4480 CEDAR SPRINGS ROAD<br/>BURLINGTON, ONT L7R3X4<br/>OC</b> | Mailing Address<br><b>ELDA COSENTINO<br/>4480 CEDAR SPRINGS ROAD<br/>BURLINGTON, ONT L7R3X4<br/>US</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |   |   |   |  |
|--|---|---|---|--|
| 2. Principal Place of Business<br><input checked="" type="checkbox"/> <b>ELDA COSENTINO</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br><input checked="" type="checkbox"/> <b>ELDA COSENTINO</b><br>Suite, Apt. #, etc. | 3. Date Incorporated or Qualified<br><b>02/06/1990</b>  | 4. FEI Number<br><b>52-1670368</b>  | Applied For<br><input type="checkbox"/><br>Not Applicable<br><input checked="" type="checkbox"/> |
| 22 <b>4480 CEDAR SPRINGS ROAD</b><br>City & State  | 27 <b>4480 CEDAR SPRINGS ROAD</b><br>City & State   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 23 <b>BURLINGTON, ONTARIO</b><br>Zip Country   | 28 <b>BURLINGTON, ONTARIO</b><br>Zip Country  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |  |
| 24 <b>L7R 3X4</b> <input checked="" type="checkbox"/> <b>CANADA</b>  | 29 <b>L7R 3X4</b> <input checked="" type="checkbox"/> <b>CANADA</b>                                     |   |   |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>ELDA COSENTINO<br/>13181 MCGREGOR BLVD.<br/>FT. MYERS FL 33919</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 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 *Elida Cosentino* **ELDA COSENTINO - DIRECTOR/PRESIDENT (FEB 27/98)**  
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<br><b>DPS</b>                               | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br><b>DIRECTOR, PRESIDENT</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>COSENTINO, ELDA</b>                    |  | 1.2 NAME<br><b>COSENTINO, ELDA</b>                            |  |
| STREET ADDRESS<br><b>4480 CEDAR SPRING ROAD</b>   |  | 1.3 STREET ADDRESS<br><b>4480 CEDAR SPRINGS ROAD</b>          |  |
| CITY-ST-ZIP<br><b>BURLINGTON, ONTARIO L7R 3X4</b> |  | 1.4 CITY-ST-ZIP<br><b>BURLINGTON, ONTARIO, CANADA L7R 3X4</b> |  |
| TITLE<br><b>T</b>                                 | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br><b>DIRECTOR, TREASURER</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>COSENTINO, GINO S</b>                  |  | 2.2 NAME<br><b>COSENTINO, GINO S.</b>                         |  |
| STREET ADDRESS<br><b>4480 CEDAR SPRINGS RD</b>    |  | 2.3 STREET ADDRESS<br><b>4480 CEDAR SPRINGS ROAD</b>          |  |
| CITY-ST-ZIP<br><b>BURLINGTON ON</b>               |  | 2.4 CITY-ST-ZIP<br><b>BURLINGTON, ONTARIO, CANADA L7R 3X4</b> |  |
| TITLE   | <input type="checkbox"/> DELETE            | 3.1 TITLE<br><b>DIRECTOR, SECRETARY</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |  | 3.2 NAME<br><b>JOSEPH COSENTINO</b>                           |  |
| STREET ADDRESS                                    |  | 3.3 STREET ADDRESS<br><b>4480 CEDAR SPRINGS ROAD</b>          |  |
| CITY-ST-ZIP                                       |  | 3.4 CITY-ST-ZIP<br><b>BURLINGTON, ONTARIO, CANADA L7R 3X4</b> |  |
| TITLE   | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | 4.2 NAME  |  |
| STREET ADDRESS                                    |  | 4.3 STREET ADDRESS  |  |
| CITY-ST-ZIP                                       |  | 4.4 CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | 5.2 NAME  |  |
| STREET ADDRESS                                    |  | 5.3 STREET ADDRESS  |  |
| CITY-ST-ZIP                                       |  | 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 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.

*GINO S. COSENTINO*  
**GINO S. COSENTINO**  
TREASURER

CR2E034 (10/97)