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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L71553

Country

9. Name and Address of Current Registered Agent

IGNATURE AND TYPED OR PRINTED NA

25

(6)

MEJ GROUP (USA), INC.

Principal Place of Business % JOHN R. FLANAGAN. CPA 2831 RINGLING BLVD.. STE. 204-B SARASOTA FL 34237

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

% JOHN R. FLANAGAN, CPA 2831 RINGLING BLVD., STE. 204-B SARASOTA FL 94237-5350

FILED Apr 23 1997 8:00am Secretary of State



8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Yes No

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

JAN 22/97

Trust Fund Contribution

05/07/1990

65-0194806

Florida Statutes

4. FEL Number

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

0426755

Not Applicable

09/04/1996

2831 RINGLING BLVD. SUITE 204-B			81	Name			
			82	Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34237			83				
			84	City	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab				-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 d'applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	Signature, typed or punied name of registered agent and title if applicable. OFFICERS AND DIRECTORS		13.	nt signature	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
THE			1.1 TITLE		ADDITIONAL TO OTTOLING AND	Change	Addition
NAME	JACKSON, MARK		1.2 NAME				<u></u>
STREET ADDRESS	F44 601 60101 60		1.3 STREET	ADDRESS	•		į.
GHY-ST-ZIP	WATERLOO, ONTARIO	î	1.4 CITY - S				į
TiftE] DELETE	2.1 TITLE			☐ Change	Addition
NAME	JACKSON, PATRICIA LYN	I.	2.2 NAME				j
STREET ADDRESS	514 COLONIAL DR.	Į.	2.3 STREET	ADDRESS			1
CITY-ST-ZIP	WATERLOO, ONTARIO	ſ	2.4 CITY-S	T-ZIP			[
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME.	321		3.2 NAME	ļ			1
STREET ADDRESS		1	33 STREET	ADDRESS			İ
CHY-ST-7IP			3.4 CITY-S	T-ZIP			
TITLE	☐ DELĒTE 4.1 T		4.1 TITLE	ĺ		☐ Change	Addition (
NAME	4.21		4. 2 NAME				1
STREET ADDRESS		j	4.3 STREET	address]
CHTV - S1 - ZIP			44 CITY-S	r-ZIP		,	
1/11/6	L.	DELETE	5.1 TITLE			Change	Addition
NAME		1	5.2 NAME				- 1
STREET ADDRESS		3	5.3 STREET	ADDRESS			j
CITY - ST - 2(E)			5.4 CITY - S	r-ZIP		7-1-2	
100			6.1 TITLE	l		Change	Addition [
NAME.		•	6.2 NAME				}
STREET ADDRESS	/ \		6.3 STREET				ļ
CHY-SI-ZIP	by cartily that the information supplied with this filling of		6.4 CITY-S		tated in Section 119 07/3Vi). Elected Stated Section 1.5 in the	codify the	it the
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 of 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 for the receiver or tustee 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 attagment with an address.							

Country

30