FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:16

DOCUMENT # **M19653** **(8)**

1. Corporation Name
KASSALB, INC.

Principal Place of Business	Mailing Address
% SAMUEL RALPH, IVACO INC 770 SHERBROOKE ST W. 20TH FLOOR MONTREAL QUEBEC CAN H3A 1G1	% SAMUEL RALPH, IVACO INC 770 SHERBROOKE ST W. 20TH FLOOR MONTREAL QUEBEC CAN H3A 1G1

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/20/1985**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) County (25) | Zip (29) County (30)

4. FEI Number: **59-2576749** ☐ 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	KASSALB,ALBERT	12 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	13 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL QUE. CAN.	14 CITY-ST-ZIP	
TITLE	AS	21 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN,GEORGE	22 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	23 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL QUE. CAN.	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	RALPH, SAMUEL	32 NAME	
STREET ADDRESS	770 SHERBROOKE ST WEST	33 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL QUE CAN	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (I) 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)(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: Samuel Ralph SAMUEL RALPH April 4, 1995 (514) 288-4545
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

040148 IN