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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

(514) 288-4545

0528786

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M19655

(3)

## 1. Corporation Name MARDOR, INC.

SIGNATURE:

Principal Place								ABII Brail ABBI
	e of Business	Mailing	Address					illi giali ibal
770 SHERBROO	.PH. IVACO INC IKE ST W. 20TH FL E CANADA H3A 1G1	% Samuel Ralph. Ivaco inc 770 Sherbrooke 8t W. 20th Fl Montreal Que Canada H3A 1G1						
WONTHENE GOL	E ORIGINAL TWO TO		Simple QUE STREET IN TO			3. Date Incorporated or Qualified 08/20/1985	3a. Date of La 03/22/1990	•
2. Principal Pl	lace of Business	2a. Maili	ing Address			4. FEI Number		Applied For
1		26				59-2576955		Not Applicable
Suite, Apt. :	#, etc.	Suite 27	e, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	é	City	& State			6. Election Campaign Financing	<b>\$5.</b>	00 May Be
3		28				Trust Fund Contribution		led to Fees
Zip Ti	Country	Zip		Cour	itry	8. This corporation has liability for i	intangible tax unde	er <b>s. 199</b> .032,
4	9. Name and Address of Currel	29	Agont	30		Florida Statutes L  10. Name and Address of New Re	Yes No	
^^D	PORATION INFORMATION SERV		Agent		81 Name	IV. Harrie and Address of New No	Gistored Wallt	
		MUES, INU.						<u></u>
1201 HAYES STREET TALLAHASSEE FL 32301				82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
IALL	ANIAGOEE PE GEGOT			<u> </u>	83			
				Ĺ				
				-	B4 City		FL  85  3	Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.15	08. Florida Stati	utes, the ab	ove-named	corporation submits this statement for the p	prose of changing	no its registered
office or re	egistered agent, or both, in the State	of Florida, Su	uch change was	authorized	by the corp	poration's board of directors. I hereby acces	of the appointmen	as registered
-	in rannal with, and accept the being	iations of, dec	1,0000,0000	iorioa otato	itos.			
SIGNATURE.	Signature, typed or printed name of registered ag	ent and Itie if appli	cable (NO	DTE. Registered	Agent signature	e required when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTOR	S	13,		ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12
TITLE	PSD		DELETE	1.1 TIT	.E		Char	nge 🔲 Addition
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CiTY-ST-ZIP	MONTREAL QUE, CAN.			1.4 CIT	Y-ST-ZIP			
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