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 2:18

DOCUMENT # M19659 (5)

1. Corporation Name
FAVAN, INC.

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

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
Suite, Apt. #, etc.
22
City & State
23
Zip 24: H3A 1G1
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29: H3A 1G1
Country 30

4. FEI Number: 59-2576957 ☐ 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	IVANIER, ISIN	12 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	13 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUE. CAN.	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	IVANIER, ISIN	22 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	23 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUE. CAN.	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, GEORGE	32 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	33 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUE. CAN.	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	RALPH, SAMUEL	42 NAME	
STREET ADDRESS	770 SHERBROOKE ST WEST	43 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL QUE CAN	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 do 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)(k), 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 SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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