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**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M19659

(5)

FAVAN, INC.

|   |  | · · · · · · · · · · · · · · · · · · ·  | ••••                |  |  |   |   |   |                                  |                         |                       |                                       |  |
|---|--|--|---------------------|--|--|---|---|---|----------------------------------|-------------------------|-----------------------|---------------------------------------|--|
| Principal Plac  |  |  |                     | ng Address   |  |   |   | * 10012411 101 11016 12416 011  | 8. Billin 1811 <b>8</b> 1        | 1817 <b>91971 9</b> /1  | 711 Q(\$11 <b>4</b> ) | 144 <b>B1814 (8</b>                   | P#1                                    |
| % SAMUEL RALPH. IVACO INC<br>770 SHERBROOKE ST W. 20TH FLOOR<br>MONTREAL QUEBEC CANADA H3A 1-1  |  |  | 770 SH              | AUEL RALPH, IVAC<br>HERBROOKE ST W<br>REAL OUEBEC CA   | V. 20TH FLO  |   |   |   |                                  |                         |                       |                                       |  |
| US  |  |  |                     | US CONTROL TO THE CONTROL THE CONTROL TO THE CONTRO |  |   |   | 3. Date Incorporated or Qualified 3a. Date of Last Report 08/20/1985 03/22/1996 |                                  |                         |                       |                                       | t                                      |
| 2. Principal Place of Business 21 Suite, Apr. #, etc. 22  |  |  | 2a. M               | 2a. Mailing Address<br>26  |  |   |   | 4. FEI Number 59-2576957  | FA APTAAPT                       |                         |                       |                                       | lied For<br>Applicable                 |
|   |  |  | 27 St               | Suite, Apt. #, etc.  |  |   |   | 5. Certificate of Status De   | 5. Certificate of Status Desired |                         |                       |                                       | ional<br>ed                            |
| City & Stat   | le   |  | Cí                  | ity & State  |  |   |   | Election Campaign Fin     Trust Fund Contributio                                |                                  | <u></u>                 |                       | 00 May                                |  |
| Zıp   |  | Country  | Z <sub>1</sub>      | р  | Соц  | intry   | <del></del>   | 8. This corporation has in  | ability for in                   |                         | **********            |                                       |  |
| 24  |  | 25   | 29                  |  | 30   |   | <del></del>   | Florida Statutes  |                                  |                         | No                    |                                       |  |
|   |  | and Address of Curren  |                     |  |  | 81  | Mana  | 10. Name and Address o  | f New Reg                        | istered A               | gent                  |                                       |  |
|   |  | NFORMATION SERV  | ICES, INC           | <b>,</b> ,   |  | 61  | Name  | ·   |                                  |                         |                       |                                       |  |
| 1201 HAYES STREET<br>TALLAHASSEE FL 32301   |  |  |                     |  |  |   | Street Ad   | Address (P.O. Box Number is Not Acceptable)                                     |                                  |                         |                       |                                       |  |
|   |  |  |                     |  |  | 83  |   |   |                                  |                         |                       |                                       |  |
|   |  |  |                     |  |  | 84  | City  |   |                                  | FL                      | 85 Z                  | ip Code                               | <del>)</del>                           |
| 11. Pursuant office or a  | registered age   | ent, or both, in the State   | of Florida.         | 1508, Florida Stat<br>Such change wa<br>ection 607.0505,   | is authorizad  | d by '  | the corpoi  | orporation submits this statement ration's board of directors, it here          | nt for the pu<br>aby accept      | urpose of<br>t the appo | changin<br>ointment   | g its regis<br>as regis               | gistered<br>stered                     |
| agent. Fa   | ım familiar wit  | т. апо ассерт те орну-   |                     |  |  |   |   |   |                                  |                         |                       |                                       |  |
| agent. La   | ım familiar wit  | r pulled name of registered age  |                     | ,  |  |   |   | quired when reinstating)  |                                  | DATE                    |                       | ,                                     |  |
| agent. 1 a  | ım familiar wit  |  | ent and title if ap | oplicable (N   |  |   |   | guired when reinstating) ADDITIONS/CHANGES                                      | TO OFFICE                        |                         | DIRECT                | ORS IN                                | 12                                     |
| agent. 1 a<br>SIGNATURE.<br>12.   | Signature typed o  | r janled name of registered age<br>OFFICERS AN   | ent and title if ap | oplicable (N   | IÓTE: Registered   | d Agen  |   | · · · · · · · · · · · · · · · · · · ·   | TO OFFICE                        |                         | DIRECT                |                                       |  |
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| agent. La<br>SIGNATURE  | am farnikar wit<br>Signature typed o<br>P<br>IVANIER, P<br>770 SHERI   | or paoled name of registered age<br>OFFICERS AN  | ent and title if ap | oplicable (N<br>DRS<br>DELETE  | 13.<br>1.1 Til<br>1.3 ST   | d Agen<br>TLE<br>AME  | t signature rec   | · · · · · · · · · · · · · · · · · · ·   | TO OFFICE                        |                         |                       |                                       |  |
| agent. 1 a SIGNATURE.  12. TITLE NAME STREET ADDRESS CHY-ST-ZIF   | Signature typed of P IVANIER, P 770 SHERI MONTREA  | OFFICERS AND OFFIC | ent and title if ap | oplicable (N<br>DRS  | 13.<br>1.1 Til<br>1.3 ST   | d Agen<br>TLE<br>AME<br>TREET A   | t signature rec   | · · · · · · · · · · · · · · · · · · ·   | TO OFFICI                        |                         |                       | je 🔲                                  | Additio                                |
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SIGNATURE:

I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(514) 288-4545

**FILED** 

Feb 14 1997 8:00am

Secretary of State