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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

M19659

(5)

Mailing Address

FAVAN, INC.

Principal Place of Business

**FILED** Apr 14 1998 8:00am Secretary of State

% SAMUEL RALPH. IVACO INC 770 SHERBROOKE ST W. 20TH FLOOR MONTREAL QUEBEC CANADA H3A 1-1 US		% SAMUEL RALPH. IVACO INC 770 SHERBROOKE ST W. 20TH FLOOR MONTREAL QUEBEC CANADA H3A 1-1 US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified				
					08/20/1985		, <u>.</u>	
	ace of Business	2a. Mailing Address			4. FEI Number		Applied	For
21 C/O P.	Sorenti, Ivaco Inc.				59-2576957	Not Applicable		
Suite, Apt. #, etc. 22 770 Sherbrooke St.W., 20F1		Suito, Apt. #, etc.  27 770 Sherbrooke St.W., 20F1.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23 Montreal, Quebec		City & State  28 Montreal, Quebec		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country Zip Country				8. This corporation owes or has pai			
24 H3A 1	G1 25 Canada	29 H3A 1G1 30	O Ca	nada	Personal Property Tax due June 30.  Yes No			
	9. Name and Address of Current I	<u> </u>			10. Name and Address of New Re-	gistered Agen	ıt	
CO	RPORATION INFORMATION SERV	ICES, INC.	81	Name				
120	1 HAYES STREET		82	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
TAI	LLAHASSEE FL 32301		83					
			84	City		FL 85	Zip Code	
11 Purcuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutos	, the above	-named corpo	oration submits this statement for the o	urpose of cha	l nging its reai	istered
office or re	egistered agent, or both, in the Stale of m familiar with, and accept the obligation	' Florida. Such change was aut	thorized by	the corporatio	on's board of directors. I hereby accept	t the appointn	nent as regist	tered
SIGNATURE	Signature, typed or printed name of registered agent i	and little if applicable (NOTE 8	Registered Ager	nl signature required	of when reinstating)	DATE		
12.	OFFICERS AND I	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	P	L DELETE	1.1 TITLE			∐ (	Change 🔲	Addition
NAME	IVANIER, PAUL		1.2 NAME					[
STREET ADDRESS	770 SHERBROOKE ST. WEST		1.3 STREET	address				- 1
CITY+ST-ZIP	MONTREAL, QUE. CAN.		1.4 CITY - ST - ZIP					
TITLE	V	☐ DELET <b>E</b>	21 TITLE			(	Change 📙	Addition
NAME	Ivanier, sydney		2 2 NAME					
STREET ADDRESS	770 SHERBROOKE ST. WEST			ADDRESS				
CITY-ST-ZIP	MONTREAL, QUE. CAN.		2 4 DITY-S	T-ZIP				
TITLE	V	☐ DELETE	31 TITLE			ا ا	Change 🔲	Addition
NAME	GOLDSTEIN, GEORGE		3.2 NAME					į
STREET ADDRESS	770 SHERBROOKE ST. WEST		3 3 STREET	ADDRESS				1
CITY-ST-ZIP	MONTREAL, QUE. CAN.		3 4. CITY - S	T-ZIP			<del></del>	
TITLE	AS	M DELETE	4 1 TIBLE			□ (	Change 🔲	Addition
NAME	RALPH, SAMUEL		4. 2 NAME					
STREET ADDRESS	770 SHERBROOKE ST WEST		4 3 STREET	ADDRESS	•			
C(TY-ST-ZIP	MONTREAL QUE CAN		4.4 CITY-S1			<del>-</del> -	<u> </u>	/
TITLE		☐ DELETE	5 1 TRILE	AS		Ц	Change 🔽	Addition
NAME			52 NAME	SO	RENTI, PETER			
STREET ADDRESS			53 STREET		O SHERBROOKE STREET	WEST		ļ
CITY-ST-ZIP			5.4 CITY-S1	- ZIP MO	NTREAL, QUEBEC H3A		NADA	1439
TITLE		☐ DELETE	61 TITLE			⊔'	Change []	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
City-ST-ZIP		41.70	6.4 CITY-ST	r-zip	2-4-4-0-7/0/82 Provide Comment	Continue	that the late	
indicated officer or i	certify that the information supplied with on this annual report or supplemental director of the corporation or the receiv or Block 13 if changed, or op an altach	annual report is true and accum rer or trustee empowered to ex-	ate and tha	at my signature	e shall have the same legal effect as it	made under d	oath: that I an	กลก เ