

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # M33373 (5)**

1. Corporation Name  
**FANIV CORP.**



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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

**9. Name and Address of Current Registered Agent**

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when agent changes)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	IVANIER, ISIN	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL QUE. CAN.	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, GEORGE	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL QUE. CAN.	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IVANIER, ISIN	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL, QUE. CAN.	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RALPH, SAMUEL	
STREET ADDRESS	770 SHERBROOKE ST WEST	
CITY-ST-ZIP	MONTREAL QUE CAN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13.**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P PAUL IVANIER
5.3 STREET ADDRESS	770 SHERBROOKE ST. WEST
5.4 CITY-ST-ZIP	MONTREAL, QUE. CAN.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V SYDNEY IVANIER
6.3 STREET ADDRESS	770 SHERBROOKE ST. WEST
6.4 CITY-ST-ZIP	MONTREAL, QUE. CAN.

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL RALPH

March 12, 1996

(514) 288-4545

Daytime Phone #

Daytime Phone #

CR2E034 (12/95)