

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M33378** (4)

1. Corporation Name

DORMAR CORP.



Principal Place of Business

% SAMUEL RALPH IVACO INC.
770 SHERBROOKE ST. WEST, 20TH FLOOR
MONTREAL QUE. CANADA H3A1G1

Mailing Address

% SAMUEL RALPH IVACO INC.
770 SHERBROOKE ST. WEST, 20TH FLOOR
MONTREAL QUE. CANADA H3A1G1

2. Principal Place of Business

2a. Mailing Address

21	Sub: Apt. #, etc.	26	Sub: Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

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

3. Date Incorporated or Qualified

06/06/1986

3a. Date of Last Report

06/29/1995

4. FEI Number

98-0116220

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	HERLING, MICHAEL	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL QUE. CAN.	
TITLE	V	☐ DELETE
NAME	GOLDSTEIN, GEORGE	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL QUE. CAN.	
TITLE	D	☐ DELETE
NAME	HERLING, MICHAEL	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL QUE. CAN.	
TITLE	V	☐ DELETE
NAME	RALPH, SAMUEL	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL QUE. CAN.	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 19.07(3)(d), 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, trustee, or person 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

Date

Print or Type Name

CR2E034 (12/95)