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FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M49690

(4)

1. Corporation Name
JILLBAR CORP.



Principal Place of Business

% SAMUEL RALPH, IVACO INC
770 SHERBROOKE ST W. 20TH FLOOR
MONTREAL QUEBEC CAN H3A 1G1

Mailing Address

% SAMUEL RALPH, IVACO INC
770 SHERBROOKE ST W. 20TH FLOOR
MONTREAL QUEBEC CAN H3A 1G1

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1987

4. FEI Number

59-2789820

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 c/o P. Sorenti, Ivaco Inc.

Suite, Apt. #, etc.

22 770 Sherbrooke St.W., 20Fl.

City & State

23 Montreal, Quebec

Zip

24 H3A 1G1

Country

25 Canada

2a. Mailing Address

26 c/o P. Sorenti, Ivaco Inc.

Suite, Apt. #, etc.

27 770 Sherbrooke St.W., 20Fl.

City & State

28 Montreal, Quebec

Zip

29 H3A 1G1

Country

30 Canada

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME RETTER, BARRY
STREET ADDRESS 770 SHERBROOKE ST. 20 FL
CITY-ST-ZIP MONTREAL, QUE. CAN

TITLE ☐ DELETE

NAME RETTER, BARRY
STREET ADDRESS 770 SHERBROOKE ST. 20 FL
CITY-ST-ZIP MONTREAL, QUE. CAN

TITLE ☐ DELETE

NAME GOLDSTEIN, GEORGE
STREET ADDRESS 770 SHERBROOKE ST. 20 FL
CITY-ST-ZIP MONTREAL, QUE. CAN

TITLE ☒ 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AS
SORENTI, PETER
770 SHERBROOKE STREET WEST
MONTREAL, QUEBEC CANADA H3A 1G1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (10/97)