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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 27 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # M58680

(3)

**DELMAJOR LANDMARK, INC.** 

SIGNATURE:

Principal Place of Business Mailing Address					ı idələdəri idə diyar raska kaldı kalılı deki	Binri mikil bidit bibit bibit nibil inni
% SAMUEL RALPH, IYACO INC. 770 SHERBROOKE STREET WEST, 20TH FL. MONTREAL QUE. CANADA H3A1G1		% Samuel Ralph. IVACC 770 Sherbrooke Stree Montreal Que. Canada	T WEST, 20TH	I FL		
					<ol><li>Date Incorporated or Qualified 09/08/1987</li></ol>	3s. Date of Last Report 01/08/1997
Principal Place of Business     2a, Mailing Address					4. FEI Number	Applied For
21		26			98-0099140	Not Applicable
22 27			7		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zip	Country	······	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30			Yes No
	g. Name and Address of Curren	t Registered Agent		т	10. Name and Address of New R	egistered Agent
COR	PORATION SERVICE COMPNAY		81	Name		
1201 HAYES STREET			82	Street Add	Address (P.O. Box Number is Not Acceptable)	
TALL	AHASSEE FL 32301		83			
					The state of the s	
			64	City		FL 85 Zip Code
11. Pursuant office or agent 1 a	to the provisions of Sections 607.050/ registered agent, or boln, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statt of Florida. Such change was itions of, Section 607.0505, F	utes, the above authorized by Forida Statute	e-named corpora y the corpora s.	poration submits this statement for the tition's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered
SIGNATORE	Signature, typed or peatr o came of moistered age	of and title if applicable (NC	TE Registered Ag	ent signature requ	ifred when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	
THILE	PST	☐ DELETE	11 TITLE	Ì		Change Addition
NAME	IVANIER, PAUL		1.2 NAME			
STREET ADDRESS	1 * * * * * * * * * * * * * * * * * * *		1.3 STREET	ADDRESS	•	
CITY ST-ZIF	MONTREAL, QUEB, CAN		1.4 CITY -	ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	***************************************		22 NAME			
STREET ADDRESS	770 SHERBROOKE ST. WEST		2.3 STREE	T ADDRESS	•	
CITY+SI-ZIF	MONTREAL, QUEB, CAN	DECETE	2. 4 CITY-	ST-ZIP		Comment of Marie Comment
TITLE	ASV	☐ DELETE	3.1 THTLE	l		Change Addition
NAME	GOLDSTEIN, GEORGE 770 SHERBROOKE ST. WEST		3.2 NAME	t Abbrece		
STREET ADDRESS	1114 4111111111111111111111111111111111			ADDRESS	,	
City+S*-7IP Ti*LE	MONTREAL, QUEB, CAN AS	DELETE	3.4. CITY- 4.1 TITLE	S1-ZIP		Change Addition
NAME	KASSAB, ALBERT	Fill better	4. 2 NAME	}	•	The Average The vegation
STREET ADDRESS	THE ALIESTS AND AT LIEUT			T ADDRESS		
C-TY+ST+ZIP	MONTREAL, QUEB, CAN		4.4 CITY-			
THE	VD	DELETE	5.1 TITLE	JI ZII	1	Change Addition
NAV!	IVANIER, SYDNEY	hand	5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY+ST-ZIP	MONTREAL, QUEB, CAN		5.4 CITY-1			
Title	VAS	DELETE	6.1 TITLE	V . 4.11		Change Addition
NAME	RALPH, SAMUEL	<del>_</del>	6.2 NAME			•
STREET ADDRESS				T ADDRESS		
CHY-ST-ZIP	MONTREAL, QUEB, CAN		6.4 CITY-	1	•	

14. I do 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 inclicated on this annual report of 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 appointed 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 of the corporation of the

SAMUEL RALPH February 20, 1997 (514)288-4545