

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 27 1997 8:00am
Secretary of State

DOCUMENT # **M58686**

(0)

1. Corporation Name

DELMINOR LANDMARK, INC.

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

09/08/1987

3a. Date of Last Report

01/08/1997

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

98-0099136

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, GEORGE	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL, QUEB, CAN	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, GEORGE	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL, QUEB, CAN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KASSAB, ALBERT	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL, QUEB, CAN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KASSAB, ALBERT	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL, QUEB, CAN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHAKELSON, MORTY	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL, QUEB, CAN	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	RALPH, SAMUEL	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL, QUEB, CAN	

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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone # **0012558**

CR2E034 (9/96)