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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90062 015 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M58686

1. Corporation Name

DELMINOR LANDMARK, INC.



Principal Place of Business

C/O P SORENTI, INVACO INC
770 SHERBROOKE ST WEST, 20TH FL
MONTREAL QUE. CANADA H3A1G1
US

Mailing Address

C/O P SORENTI, INVACO INC
770 SHERBROOKE ST WEST, 20TH FL
MONTREAL QUE. CANADA H3A1G1
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1987

4. FEI Number

98-0099136

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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	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	AS	<input type="checkbox"/> DELETE
NAME	SORENTI, PETER	
STREET ADDRESS	770 SHERBROOKE ST. WEST	
CITY-ST-ZIP	MONTREAL, QUEB, CAN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

March 18, 1999

(514) 288-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0000396