

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 29 AM 8:47

DOCUMENT # M58688

(6)

1. Corporation Name

DELMajor BAL HARBOUR, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/08/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

98-0099139

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. The corporation has liability for intangible tax under s. 199.03, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 pending)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **IVANIER, PAUL**
STREET ADDRESS **770 SHERBROOKE ST. WEST**
CITY - ST - ZIP **MONTREAL, QUEB, CAN**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **PST**
NAME **IVANIER, PAUL**
STREET ADDRESS **770 SHERBROOKE ST. WEST**
CITY - ST - ZIP **MONTREAL, QUEB, CAN**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **V**
NAME **GOLDSTEIN, GEORGE**
STREET ADDRESS **770 SHERBROOKE ST. WEST**
CITY - ST - ZIP **MONTREAL, QUEB, CAN**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **AS**
NAME **KASSAB, ALBERT**
STREET ADDRESS **770 SHERBROOKE ST. WEST**
CITY - ST - ZIP **MONTREAL, QUEB, CAN**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **VP**
NAME **IVANIER, ISIN**
STREET ADDRESS **770 SHERBROOKE ST. WEST**
CITY - ST - ZIP **MONTREAL, QUEB, CAN**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **V**
NAME **RALPH, SAMUEL**
STREET ADDRESS **770 SHERBROOKE ST. WEST**
CITY - ST - ZIP **MONTREAL, QUEB, CAN**

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated in 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 employed to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Samuel Ralph
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICIAL OR DIRECTOR

SAMUEL RALPH

June 15, 1995 (514)288-4545

CR2E034 (3/95)