SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $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 # **M83798** **(2)**

1. Corporation Name
DELMAJOR WYTHEVILLE, INC.

Principal Place of Business	Mailing Address
770 SHERBROOKE ST. W., 20TH FLOOR C/O S. RALPH IVACO INC. MONTREAL, QB CANADA H3A1G1	770 SHERBROOKE ST. W., 20TH FLOOR C/O S. RALPH IVACO INC. MONTREAL, QB CANADA H3A1G1

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/03/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 98-0098682 ☐ 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 taxable income as defined in s. 220.03(1), Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	11 TITLE	☐ Change ☐ Addition
NAME	IVANIER, PAUL (D)	12 NAME	
STREET ADDRESS	770 SHERBROOKE ST WEST	13 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QB, CANADA	14 CITY-ST-ZIP	
TITLE	~~VD~~	21 TITLE	☐ Change ☐ Addition
NAME	~~IVANIER, I3IN~~	22 NAME	
STREET ADDRESS	~~770 SHERBROOKE ST WEST~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~MONTREAL, QB, CANADA~~	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	IVANIER, SYDNEY	32 NAME	
STREET ADDRESS	770 SHERBROOKE ST WEST	33 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QB, CANADA	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	KLEIN, ROSLYN	42 NAME	
STREET ADDRESS	770 SHERBROOKE ST WEST	43 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QB, CANADA	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	KASSAB, ALBERT	52 NAME	
STREET ADDRESS	770 SHERBROOKE ST WEST	53 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QB, CANADA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that this information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Samuel Ralph — SAMUEL RALPH — June 15, 1995 — (514)288-4545
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0184072 IN