

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M98618

(5)

1. Corporation Name

LAVAL INVESTMENT CORPORATION



Principal Place of Business

421 ALAMANDA LANE
DEERFIELD BEACH FL 33442
US

Mailing Address

421 ALAMANDA LANE
DEERFIELD BCH FL 33442
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

SAURIOL, PIERRE
421 ALAMANDA LANE
500 EAST BROWARD BLVD., SUITE 1130
DEERFIELD BCH FL 33442

3. Date Incorporated or Qualified

09/15/1988

3a. Date of Last Report

04/26/1995

4. FEE Number

65-0084543

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

10. Name and Address of New Registered Agent

81 Name SAURIOL PIERRE

82 Street Address (P.O. Box Number is Not Acceptable)

421 ALAMANDA LANE

83 DEERFIELD BCH

84 City DEERFIELD BEACH

FL 85 Zip Code 33442

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of Registered Agent

Signature of Secretary or Agent for Service of Process

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	PIERRE, SAURIOL	410 DIANE STREET	LAVAL, QUECAN	☐
VP	ROCH, TANGUAY	526 CHARTRAND	TERREBONNE QUEBEC CA	☐
				☐
				☐
				☐
				☐
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13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-96

514-969-2274

CR2E034 (12/95)