FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT

N31188

(8)

MANATER SOUCOUPE COOPERATIVE, INC.

INVIAVI	ce 300000re 000rena	1142, 1110.		
Principal Place	of Business	Mailing Address		T SERVISON ORD 1998 HERDY THEOL BEIGN THESE COUNT ASOLI BYOUR CHAIN HERDY COUNT
C/O MARCEL TESSIER 9273 COLLINS AVENUE #310 SURFSIDE FL 33154		C/O MARCEL TESSIER 9273 COLLINS AVENUE #310 SURFSIDE FL 33154-3035		Date Incorporated or Qualified
				03/03/1989 03/20/1996
L	ace of Business	2a. Mailing Address		4. FEI Number Applied For Not Applied by Not Applied For
Suite, Apl. #	J. etc.	Suite, Apt. #, etc.		
22		27		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 	Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
****	MARAPI		81 Name	
	. MARCEL LLINS AVENUE #310		82 Stree	et Address (P.O. Box Number is Not Acceptable)
	E FL 33154		83	
			84 City	85 Zip Code
	the control of Control C17 OFO	2 and 042 4500 Florida Man		
office or re	gislered agent, or both, in the State	of Florida, Such change was a	es, the above-hame authorized by the co	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
) ,	rifamiliar with, and accept the obliga	ations of, Section 617,0503, Fit	onda Statutes.	İ
	agrature, typed or printed name of registered age			ure required when reinstating) DATE
TILE	OFFICERS ANI	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	TESSIER, MARCEL	DECEM	1.2 NAME	- Johnson
STREET ADDRESS	9273 COLLINS AVE.#310		1.3 STREET ADDRESS	s
CITY-ST-ZIP	SURFSIDE FL		1.4 CfTY-ST-ZiP	
THEF	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ARCAND, LUCIEN		2.2 NAME	
STREET ADDRESS	9273 COLLINS AVE.#304 SURFSIDE FL		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	
CITY-ST-ZIP TITLE	D D	DELETE	3.1 TITLE	Change Addition
NAME	GAGNE, GERARD		3.2 NAME	
STREET ADDRESS	9273 COLLINS AVE.#1111		3.3 STREET ADDRESS	95
City-S1-ZiP	Surfside Fl	Donesic	3.4 CITY-ST-ZIP	Chance Addition
TITLE		☐ DELETE	4.1 TITLE 4.2 NAME	Change Addition
NAME STHEET ADDRESS			4.2 IVANIE 4.3 STREET ADDRESS	s
CITY - \$1 - ZIP			4.4 CITY - ST - ZIP	~
THLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	is
CITY-S1-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
TITLE NAME			6.1 HILL 6.2 NAME	The Annual Control
STREET ADDRESS			6.3 STREET ADDRESS	ss
CITY-ST-ZIP			6.4 City-St-ZiP	~
14. I do hereb	y certify that the information supplie	d with this filing does not quali	fy for the exemption	n 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 exercise empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or By 121 (1992) or of a statute my name.				

SIGNATURE

march / 97
Define Phone # 0030918

FILED

Mar 21 1997 8:00am

Secretary of State