

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 31 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P10472

(9)

1. Corporation Name

ALEXIS NIHON U S A CORPORATION

Principal Place of Business

10201 HAMMOCKS BLVD., STE. 150  
MIAMI FL 33196

Mailing Address

10201 HAMMOCKS BLVD., STE. 150  
MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1986

4. FEI Number

94-2992459

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 6380 Côte-de-Liesse  
Suite, Apt. #, etc.

23 City & State

27 City & State

28 St-Laurent, Quebec

24 Zip

25 Country

29 Zip

30 Country

29 H4T 1E3 30 Canada

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICE, INC.  
777 S. FLAGLER DRIVE  
SUITE 500E  
WEST PALM BEACH FL 33401

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
CPD	MASSICOTTE, PAUL J.	320 SIMCOE ST.	MONTREAL, QUEBEC	<input type="checkbox"/>
VD	WETHERLY, IAN	8 HUDSON WESTMARK	MONTREAL, QUEBEC	<input checked="" type="checkbox"/>
ASD	TURPIN, ROGER	248 PICARD	ST EUSTACHE QU	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

600002629915  
-09/01/98--01028--021  
\*\*\*165.00

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.

SIGNATURE:

SIGNATURE: [Signature]

07/27/98 (101) 777-3344

CR2E034 (5/98)

*Alexis Nihon*

6380 Côte de Liesse  
St-Laurent, Québec  
H4T 1E3

August 13, 1998

Tél.: (514) 737-3344  
Télécop.: (514) 341-5712

**FLORIDA DEPARTMENT OF STATE**

Division of Corporations

Annual Reports Filings

PO Box 1500

Tallahassee FL

32302-1500

**RE : ALEXIS NIHON PROPERTIES CORPORATION**  
**ALEXIS NIHON USA CORPORATION**

Dear Sirs,

Enclosed please find the 1998 Annual Report for the above-mentioned companies together with two cheques in the amount of \$165,00 each representing the filing fees.

We received this second notice but never received the first notice. I therefore request that you waive the filing penalty. I have made a correction on the Annual Report so that they be sent to our office in the future in order.

I thank you in advance for your cooperation in this matter.

Yours truly,

**ALEXIS NIHON PROPERTIES CORPORATION**  
**ALEXIS NIHON USA CORPORATION**

*Manon Sigouin*

Manon Sigouin  
Legal Assistant

MS/gg

Encl.