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).

AMOUNI D	OF ON OK BELOKE 09120198: \$220 (IF DIS	SULVED, MINIMUM AMOUNT DUE	: 10 KEINSTATE: \$750).	
	PROFIT RPORATION UAL REPORT	Sandra I	RTMENT OF STATE  3. Mortham  ry of State	FILED
	1998	<b>27</b>	CORPORATIONS	98 NOV 30 PM 1:56
DOCUMENT # P10721 (9)				SECRETARY OF STATE TALLAHASSEE, FLORIDA
SERVICES D'ADMINISTRATION VIJO INC.				
Principal Place of Business Mailing Address				
5755 DESJARDINS ST. HYACINTHE, J2S 1A6 ST. HYACINTHE, J2S 1A6				REINSTATEMENT PO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 07/09/1986
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number Applied For NOT APPLICABLE Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent				
LACAILLE, SYLVAIN 81 Name				
440E0 CIM ACTU AVENUE				dress (P.O. Box Number is Not Acceptable)
OCALA FL 32676			aros (1.5. 20x rambol arror resopresse)	
			83	
}			04 014	logi 7to Oudo
			84 City	Fi 85 Zip Code
11. Pursuat	nt to the provisions of sections 607.0502	and 607,1508. Florida Statute	s, the above-named corp	oration submits this statement for the purpose of changing its registered
office of	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	authorized by the corpora	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
ĺ	80 - 7 -			1//19/98
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature re	equired when reinstating)  DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VSD	X DELETE	1.1 TITLE	P
NAME	JODOIN, GUY		1.2 NAME	Lacaille, Marcel
STREET ADDRESS			1.3 STREET ADDRESS	89 Rang St-André
CITY-ST-ZIP	OTTERBURN PARK P.Q.		1.4 CITY-ST-ZIP	St-Bernard de Lacolle, PQ JOJ-1VO
TITLE		DELETE	2.1 TITLE	Skeuel Ten. \ \ Change \ Addition
NAME			2.2 NAME -	Poirier, Pierrette
STREET ADDRESS			2.3 STREET ADDRESS	943 Des Cèdres
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Otterburn Park, PO J3H-5R4
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS	1		3.3 STREET ADDRESS	7000027034373
CITY-ST-ZIP			3.4 CITY-ST-ZIP	-12/04/9801073021 (
TITLE	1	DELETE	4.1 TITLE	**** (50.00
NAME			4.2 NAME	
STREET ADDRESS	J		4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	}	DELETE	5.1 TITLE	Change Addition
NAME	!		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITUSE		DELETE	6.1 TITLE	Change Addition
NAME	1		6,2 NAME	
STREET ADDRESS	1		6,3 STREET ADDRESS	
1	1			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby of indicated	pertify that the Information supplied with	this filing does not qualify for the	6.4 CITY-ST-ZIP ne exemption stated in se	ection 119.07(3)(i), Florida Statutes. I further certify that the information
14. I hereby of indicated an officer	ertify that the information supplied with on this annual report or supplemental a or director of the corporation or the rec	this filing does not qualify for the annual report is true and accur selver or trustes empowered to	6.4 CITY-ST-ZIP ne exemption stated in seate and that my signature execute this report as re	ection 119.07(3)(i), Florida Statutes. I further certify that the information of estall have the same legal effect as if made under oath; that I am equired by Chapter 607, Florida Statutes; and that my name appears
14. I hereby of indicated an officer	Z OF Block 13 if changed by on all attac	this filing does not qualify for the thing in the thing is the and accurately represented to the thing is the thing in address.	ne exemption stated in se ate and that my signature execute this report as re	ection 119.07(3)(i), Florida Statutes. I further certify that the information e shall have the same legal effect as if made under oath; that I am equired by Chapter 607, Florida Statutes; and that my name appears  27 / 0 / 98 450 - 77 ( 7511)