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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12589

(8)

| MUZZO BROTHERS GROUP INC. | | | | | | | | | | | |
|--|---|--|---|--|------------|--|----------------------------|---------------------------------------|----------------------------|---|--|
| Principal Place | e of Business | Mailing Address | | | | | ITBKO 1100L BLURY IBYKO IT | N OLON BYEN | VIIVI ODDIL SIAK I | BIBH HEL | |
| 130 TORO ROAL DOWNSVIEW. O CANADA M3J 2/ | NTARIO | 130 TORO ROAD DOWNSVIEW. ONTARIO CANADA M3J 2A9 | DOWNSVIEW. ONTARIO | | | | | | | | |
| | | | | | 3 | 3. Date Incorp 12/18/198 | orated or Qualified | ı | Date of Last R 101/1996 | teport | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | ······································ | 7 | I. FEI Number | | | | pplied For | |
| 21 | | 26 | ···· | | | NOT AP | PLICABLE | | ~~~ | ot Applicable | |
| — Suite, Apl.⊸ —– | #. etc. | Suite, Apt. #, etc. | | |] ; | 5. Certificate o | of Status Desired | | | Additional | |
| 22 | | | 27 | | | | | | | equired | |
| City & State | | City & State | | | 6 | Election Car Trust Fund (| mpaign Financing | | | May Be to Fees | |
| 23 Ζιρ | Country | Zip | Country | , | | | ation has liability fo | | | | |
| 24 | 25 | | 30 | | ` | Ftorida Statu | | Yes | | 1. 199.002, | |
| 5.71 | 9. Name and Address of Currer | | | | 11 | | Address of New I | Registered | Agent | | |
| BANK | KS, JEANETTE S. | | B1 | Name | RANK | S. TFA | NETTE S. | | | | |
| | SOUTH OCEAN DRIVE | | 82 | Street A | Address | (P.O. Box Num | nber is Not Accept | able) | | *************************************** | |
| SUITE 1204 | | | | 10 | 300 | SOUTH | OCEAN D | RIVE | | ··· | |
| FORT | FPIERCE FL 33449 | | 83 | SU | ITE | 110 | _ | | | | |
| | | | 84 | | | | | . T | 85 Zip | Code | |
| | | | | J | ENSE | N BEAC | H FL 3495 | 5/ FL | | | |
| SIGNATURE | to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig | | uthorized by rida Statuter Registered Agr | | | | ctors. I hereby acc | DATE | pointment as | registered | |
| 12. | | ID DIRECTORS | 13. | | | ADDITIONS/0 | CHANGES TO OF | ICERS AN | | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | į | PDS | | | | Change | Addition | |
| NAME | MUZZO, MARCO | | 1.2 NAME | į | HUZ. | 20, MAKE | NE PARKW | AY | | | |
| STREET ADORESS | 200 SYLVADENE PARKWAY WOODBRIDGE ONTARIO | | 1.3 STREET | 1 | | | | | | | |
| CITY-ST-ZIP TITLE | SD SD | DELETE | 1.4 CITY - 5 2.1 TITLE | ST- ZIP | D | KK/DGE | ONTARIO | | Change | Addition | |
| NAME I | MUZZO, ELIO | EM DETET | 2.1 TILE 2.2 NAME | 1 | _ | 0 017 | = V | | □ through | Z Noticon | |
| STREET ADDRESS | 186 SYLVADENE PARKWAY | | 2.3 STREET | ADDRESS | Muz | ZO, ALE | POAN | | | | |
| CHY-ST-7:P | WOODBRIDGE ONTARIO | | 2.4 CITY- | í | | NSVIEW | ONTARI | 0 | | | |
| 107LF | | ☐ DELETE | 3 1 TITLE | | Derv | IX PPILTY. | DIVIZIO, | <u> </u> | ☐ Change | Addition | |
| NAME | | | 32 NAME | ļ | | | | | | | |
| STREEL ADDRESS | | | 3.3 STREET | 'ADDRESS | | | | | | | |
| CITY-S1-ZIF | | | 3.4. CITY - | ST-ZIP | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Trīlē | | DELETE | 4.1 TITLE | | | | | | ☐ Change | Addition | |
| NAME | | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | 1 | | | | | | | |
| 017Y-\$1-7IP | | - I priett | 4.4 CITY - 5 | ST-ZIP | | | | | Change | Addition | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ł | | | | | riii Arange | - Auditoli | |
| NAME SIREFT ADDRESS | | | 5.2 NAME 5.3 STREET | TUDDECC | | | | | | | |
| CHY-ST ZIP | | , | 5.4 CITY - S | | | | | | | | |
| 151F | 1884 | DELETE | 6.1 TITLE | 71.74 | | | | | Change | Addition | |
| NAME | | _ | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | / / A | | 6.3 STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | / / // | | 6.4 CITY - : | | | | | | | | |
| 14 1 do beret | by certify that the information supplie | ed with this filing does not qualif | y for the exe | motion s | tated in S | Section 119.07 | (3)(i), Florida Stati | utes. I furth | er certify that | t the | |
| Informatio Lam an o appears i | on indicated on this annual report or officer or director of the corporation of in Block 12 of Block 15 of laged, o | supplemental annual report is truit the receiver or trustee empower on an attachment with an add | ered to exec ress. | cute this r | report as | required by C | hapter 607, Florid | a Statutes; | and that my | name | |