May 07, 1999 8:00 am Secretary of State

05-07-1999 90108 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P12589

1. Corporation Name

MUZZO REOTHERS GROUP INC

IVIOZZO	bhotticho dilool iko.								
Principal Place of Business Mailing Address						_		E:211 91911 9:011 9:011 91	1841 61611 1461
130 TORO ROAD DOWNSVIEW. ONTARIO CANADA M3J 2A9 130 TORO ROAD DOWNSVIEW. ONTARIO CANADA M3J 2A9 CANADA M3J 2A9						3.	DO NOT WRITE IN Date Incorporated or Qualifed 12/18/1986	THIS SPACE	
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number	Ap	plied For
21		26	ĵ.				NOT APPLICABLE	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	dditional	
22		27			5.	Certifcate of Status Desired	Fee Re	quired	
City & State	e	City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Cou	intry		8.	This corporation owes the current ye		_
24	25	29	30				Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		81		10.	Name and Address of New Regist	ered Agent	
BRIDGES, R A 334 MINORCA AVE					Name Street Addr	ress (F	P.O. Box Number is Not Acceptable)		
STE 200									
COR	AL GABLES FL 33134			84	City			85 Zip 0	Code
				I .	1			FL	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	thorize	d bv	the corporation	oration on's bo	n submits this statement for the purpo oard of directors. I hereby accept the	se of changing its appointment as reg	registered gistered
SIGNATURE									
	Signature, typed or printed name of registered agent			1 Agen	nt signature require				DO 111 40
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICER	CS AND DIRECTO	Addition
TITLE	PDS			ITLE	1			[_] Orialige	
NAME	mound, minited			1.2 NAME					
STREET ADDRESS 200 SYLVADENE PARKWAY					ADDRESS				
CITY-ST-ZIP			-	1.4 CITY-ST-ZIP 2.1 TITLE				Change	☐ Addition
TITLE									
NAME	(110220) / 1227			22 NAME					
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP	DOWNSVIEW ON			2. 4 CITY-ST-ZIP				[] Change	Addition
TITLE				3.1 TITLE 3.2 NAME				onlarigo	
NAME									
STREET ADDRESS					ADORESS				
CITY-ST-ZIP		☐ DELETE	3.4. C	MF.	1-ZIP			Change	Addition
TITLE									
NAME			1	AME					
STREET ADDRESS				≀KEE! ITV-S'	TADORESS				}

CITY-ST-ZIP 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 an analyzingent with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

SIGNATURE: X

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

Change

☐ Addition

Addition