

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P15804 (8)**

1. Corporation Name  
**152940 CANADA INC.**

Principal Place of Business <b>17094 COLLINS AVENUE C/O VISTAVIEW APT. LTD MIAMI BEACH FL 33160</b>	Mailing Address <b>17094 COLLINS AVENUE C/O VISTAVIEW APT. LTD MIAMI BEACH FL 33160</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/02/1987</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>52-1495818</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. This corporation has liability for intangible tax under § 190.022, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt #, etc <b>22</b>	Suite Apt #, etc <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	County <b>25</b>
Zip <b>29</b>	County <b>30</b>

**9. Name and Address of Current Registered Agent**

**KLINE, ARTHUR J.  
2685 S. BAYSHORE DRIVE, S-903  
COCONUT GROVE FL 33133**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P O Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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, 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 of new registered agent and holder of shares      Registered Agent (signature of registered agent)      (date)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PSD</b>
NAME	<b>TEICH, EMANUEL</b>
STREET ADDRESS	<b>5950 CAVENDISH PH-4</b>
CITY, ST, ZIP	<b>COTE ST. LUC, QUEBEC</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

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**-05/10/95--01013--009**  
**\*\*\*\*200.00 \*\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(1)(f) Florida Statutes. Further, I certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in the state 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 as an addendum with an address.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
 APRIL 17/95 484-9701  
Date      Telephone