## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

Feb 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P15806 (3)152942 CANADA INC. Principal Place of Business Mailing Address 3577 ATWATER. SUITE 615 3577 ATWATER. SUITE 615 MONTREAL QUEBEC H3H 2R2 MONTREAL OUEBEC HIJH 2R2 DO NOT WRITE IN THIS SPACE CANADA CANADA 3. Date Incorporated or Qualified 09/02/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-1495712 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Country Zip Zψ 8. This corporation owes or has paid the current year intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KLINE, ARTHUR J. 2665 S. BAYSHORE DRIVE, S-903 Street Address (P.O. Box Number is Not Acceptable) **COCONUT GROVE FL 33133 B3** Çity Zip Code 85 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 nipple able (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TOTLE Change ■ Addition WILDSTEIN, LEON NAME 1.2 NAME 3577 ATWATER AVE., #1508 STREET ADDRESS 1.3 STREET ADDRESS MONTREAL, QUEBEC CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TATLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADORESS 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 suppliemental 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 truetoe 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 applications.

**FILED** 

yan 8/98 (SIY) 937-7733