

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

PROFIT  
CORPORATION,  
ANNUAL REPORT  
1996



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

DOCUMENT # P15808 (9)

1. Corporation Name

I.B. KNELL HOLDINGS INC. - GESTION I.B. KNELL IN  
C.



Principal Place of Business

Mailing Address

3577 ATWATER AVE  
#1507  
MONTREAL QUEBEC H3H2R2

I.B. KNELL HOLDINGS, INC.  
3577 ATWATER AVENUE, SUITE 1507  
MONTREAL QU H3H2R  
CA

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/02/1987

3a. Date of Last Report

03/30/1995

4. FEI Number

52-1495553

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 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 of individual or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	KNELLER, IGNACY	PRESIDENT AND
STREET ADDRESS	3577 ATWATER AVE., #1507	DIRECTOR
CITY-ST-ZIP	MONTREAL QUEBEC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FREUNDLICH, BARBARA	
STREET ADDRESS	3577 ATWATER AVE #1507	
CITY-ST-ZIP	MONTREAL QU	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KAROLINSKI, ANNIE	
STREET ADDRESS	3577 ATWATER AVENUE, #1507	
CITY-ST-ZIP	MONTREAL QU	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOLD, DINA	
STREET ADDRESS	136 LARGO	
CITY-ST-ZIP	DDO QU	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

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\*\*\*200.00

SIGNATURE:

IGNACY KNELLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)