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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 Inc.

Principal Place of Business	Mailing Address
3577 Atwater Ave #1507 Montreal, Quebec H3H2R2	I. B. Knell Holdings, Inc 3577 Atwater Avenue, Suite 1507 Montreal Quebec H3H2R2 CA

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 09/02/1987	3a. Date of Last Report
21	26	4. FEI Number: 52-1495553	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

Kline, Arthur J.
2665 S. Bay Shore Drive, S-903
Coconut Grove, FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Knell, Ignacy	1.2 NAME	
STREET ADDRESS	3577 Atwater Ave, #1507	1.3 STREET ADDRESS	
CITY-ST-ZIP	Montreal, Quebec	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Freundlich, Barbara	2.2 NAME	
STREET ADDRESS	3577 Atwater Ave #1507	2.3 STREET ADDRESS	
CITY-ST-ZIP	Montreal Qu	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Karoliuski, Annie	3.2 NAME	
STREET ADDRESS	3577 Atwater Ave #1507	3.3 STREET ADDRESS	
CITY-ST-ZIP	Montreal Qu	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Gold, Dina	4.2 NAME	
STREET ADDRESS	136 Lakeo	4.3 STREET ADDRESS	
CITY-ST-ZIP	DDO Qu	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	400002118724
STREET ADDRESS		6.3 STREET ADDRESS	-03/20/97--01012--048
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: ☒ I. Knell Gee 3/14/97 (305) 945-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #