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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # P15810 (5)							
15294	4 CANADA INC.						
rincipal Place	of Business	Mailing Address				ELL BRIT RIBIT SISTE BIBIT B	IBII UNUI Die i Ibei
17094 COLL		17094 COLLINS AVE					
SUITE A104 MIAMI BEAC		SUITE A104 MIAMI BEACH FL 331	en				
AIDIMI DEFIC	71112 00100	MINIMI DENOTE LE SOL	•		3. Date Incorporated or Qualified		
Oringinal Di	ace of Business	2a. Mailing Address			09/02/1987 4. ££1 Number	03/31/	,
rancpari	and or Diramens	26 Mailing Address			59-1495706		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		, 4 , ,		\$8.	75 Additional
		27			5. Certificate of Status Desired	1 1	e Required
City & State		City & State			6. Election Campaign Financing		. 00 May Be
<i>7</i> 10.	Country	28 Zip	Country		Trust Fund Contribution		ded to Fees
• 14.1	25	29	30)	8. This corporation has liability for Florida Statutes	r intang/ble tax under s - 🔲 No	s 199.032,
	9. Name and Address of Curren				10. Name and Address of New I	-	
			81	Name		·	
KLINE, ARTHUR J.			82	Street Add	ress (P.O. Box Number is Not Accepta	ible)	
	BAYSHORE DRIVE, S-903					·	
COCON	IUT GROVE FL 33133		83	1			
•			84	City		F-, 85	Zip Code
Pursuant t or register familiar wit	to the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	and 607.1508, Florida Statuti Ja. Such change was authoriz Ion 607.0505, Florida Statutes	+],	ration submits this statement for the purificial of directors. Thereby accept the app		•
GNATURE .	Signature, typed or prints a name of registered agout	an ottenia, pluable (N∕	es, the above ed by the corr s.	named corpoi poration's boa	schwiben nem-banngi	rpose of changing it pointment as register	s registered officed agent. I am
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certing that the information indicated on this arriver eport 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 a attachment with an address.

SIGNATURE: Kom

ROYAN (CENTRAL) 2-29-1996 305-9451050