

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P25798

(0)

1. Corporation Name

GESTION MARLIN INC.

Principal Place of Business

**1950 3eme RUE
SAINT-FOY, QUEBEC
SAINT-ROMUALD QU G6W 5-6
CA**

Mailing Address

**1950 3eme RUE
SAINT-FOY QUEBEC
SAINT-ROMUALD QU G6W 5-6
CA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/28/1989

3a. Date of Last Report
04/21/1994

4. FEI Number

NOT APPLICABLE

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

2. Principal Place of Business

21 1950 3eme RUE

2a. Mailing Address

26 1950 3eme RUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 SAINT-ROMUALD, QUEBEC

27 City & State

28 SAINT-ROMUALD, QUEBEC

24 Zip

24 G6W 5M6

Country

25 CANADA

29 Zip

29 G6W 5M6

Country

30 CANADA

9. Name and Address of Current Registered Agent

**ROY, ROGER
2787 E. OAKLAND PARK BLVD
SUITE 304-A
FORT LAUDERDALE FL 33308**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **BUSSIERS, RENE**
STREET ADDRESS **220 COMMERCIALE, ST HENRI**
CITY - ST - ZIP **QUEBEC CANADA**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **S**
NAME **LEMIEUX, RAYMOND**
STREET ADDRESS **869 DUCHESNEAU, STE-FOY**
CITY - ST - ZIP **QUEBEC CANADA**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENE BUSSIERS, PRESIDENT

1995-04-10 (418) 834 5050

Date

Telephone Number