PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90077 008 ***150.00

DOCUMENT # P40148	
Corporation Name	
2708108 CANADA INC.	
	# (### (### (### (### (### (### (### (

Principal Plac	Principal Place of Business Mailing Address									
C/O GROSS. P		C/O GROSS, PINSKY	4000							
2 PLACE ALEXIS NIHON, STE. 1000 2 PLACE ALEXIS NIHON. STE. 1000 MONTREAL, QUEBEC CANADA H3Z3 MONTREAL, QUEBEC CANADA H3Z3				DO NOT WRITE IN THIS SPACE						
	TOTAL OF THE PARTY					3. Date Incorporated or Qualifed				1
						08/21/1992				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For	
21		26				NOT APPLICABLE		Not	Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•		dditional	Ì
22	and the second s	27						ee Req	<u> </u>	-
City & Stat		City & State				6. Election Campaign Financing			/lay Be	
23	Country	28 7in	Cou	nte.		Trust Fund Contribution		ded to	rees	1
Zip	Country	Zip	30	nu y		 This corporation owes the current year Personal Property Tax. 	r Intangible Ye:		□No	
24	9. Name and Address of Curre	<u></u>	301	_		10. Name and Address of New Registe				1
	5. Name and Addition of Ourie	in regional Agent		81	Name					1
SHA	FFER, HOWARD									
3801	NE 207TH ST			82	Street Addres	ss (P.O. Box Number is Not Acceptable)				ĺ
APT	1903			83				_		1
AVE	NTURA FL 33180						, ,	_]
1		•		84	City		FL 85	Zip C	ode	l
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the al	bove	-named corporation	ration submits this statement for the purpos n's board of directors. I hereby accept the a	e of changi	ng its r	egistered	1
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statı	ıtes.	ine corporation	To board of directors. Thereby accept the ap	ppointment	as regi	istered	
SIGNATURE			,							
	Signature, typed or printed name of registered age			Agent	t signature required			-0700	0.01.40	1
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRI		Addition	:
TITLE	DCP HOWARD	□ DETE IE	1.1 111	ILE			1 1 (3)	1201190	Augilion	-
NAME	SHAFFER, HOWARD 2 PLACE ALEXIS NIHON									
STREET ADDRESS	L V PLALE ALEXIS MIRLIN		1.2 NA							}
			1.3 ST	REET	ADDRESS					
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TITLE	QUEBEC, CANADA S	☐ DELETE	1.3 ST 1.4 CΓ 2.1 TΠ	reet TY-st Tle	- [☐ Ch	ange	Addition	
TITLE NAME	GUEBEC, CANADA S SHAFFER, HOWARD	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA	reet TY-ST TLE VME	-ZIP			ange	Addition	
TITLE NAME STREET ADDRESS	SHAFFER, HOWARD 2 PLACE ALEXIS NIHON	☐ DELETE	1.3 ST 1.4 Cl ⁻ 2.1 TII 2.2 NA 2.3 ST	reet TY-ST TLE WAE REET	-ZIP ADDRESS			ange	Addition	
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14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

RECHOWARD SHAFFER

March 9, 1999.