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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

P92000012655 (6)

	BALLAS	st addi	ISON, INC), 												
Pri	incipal Place	of Business	,		Maili	ing Address						1 (@ D11@ D1 still till til til til till till till t	\$111 521 11 62	*81 11818 11818		Jest 188 1
10171 PELLETTIER AVE. MONTREAL NORTH. QUEBEC CA					20803 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180											
	UR .											Date Incorporated or Qualifier 12/17/1992	1 3a.	Date of Last 04/03/	•	
2. 21	Principal Pla	ce of Busin	ess		2a. N	Mailing Address					4.	FE i Number 65-0388794			Applied Not Ap	
22	Suite, Apt. #, etc.					Suite, Apt. #, etc.					5.	Certificate of Status Desired			75 Addit e Require	
23	City & State				City & State					6.	Election Campaign Financing Trust Fund Contribution			.00 May ded to Fe		
	Zφ		Country 25	,	29	Zip	30	ountry			8.	This corporation has liability for Forida Statutes	intangib es 🔲 N		s 19 9.00	32,
24		9 Name		ss of Current F		red Agent	1301	[10.	Name and Address of New				
		J. 114111						81	ı	Name				-		
	SCHNEI	DER, ALA	NR					82		Charles Address	(U	.O. Box Number is Not Accept	able:			
			BLVD., SU	ITE 200				82	'	Street Addre	SS (F	.c. bux number is not Accep	atulci,			
		RA FL 33		IIL EUU				83	r							
								84	-	City	•			85	Zip Code	 ,
				007.05.00	1.002	7600 61 11 011			l			submits this statement for the p	1	- L.	c register.	od office
11	or registere	id agent, or	r both, in the S	State of Florida.	Such c	ntous, Florida Statu change was authori 505, Florida Statute	ized by th	ibove r ie corp	Ciri	med corpora ation's board	old	irectors. Thereby accept the a	opointmer	t as register	ed agent.	Lam
SI	GNATURE	i, airo acce	pr the obligat	nons or, accror	1007.00	700, FRANCE CHARAC	,,,,,,									
		Signature, typed	·	of registered agent and					I [†] Sa	grature for the	V _s 1 is in the		EV.			40
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14	certify that oath; that I	the informa am an offic	ation indicated cer or director	ion supplied with on this annual of the corporal changed, or on	report tion of t	or supplemental an the receiver or trust	nnual repo tee enipo:	ort is tru	10	and accurate	: and	f that my signature shall have t rt as required by Chapter 607,	ne same t	agai eriect a	s ir made	unger
S	IGNAT	ىنURE	SIGNATURE	MCAL E AND TYPED OR PI	NOTED N	M CONTRACTOR OFFI	OF OF DE	ECTOR				p ro		Layton Ph	ric #	