FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000011965 (9)

C D A & COMPANY, INC.

Principal Place of Business Mailing Address					- I INDULARI KA INKO ININ ONNU ONNU RAKI	TEIDI IISDI HAID IENE BHOI	
218 WESMINSTER NORTH MONTREAL, QUEBEC CA. H4X 126 OC		218 WESMINSTER NO MONTREAL, QUEBEC OC				*. - * :	
					3. Date Incorporated or Qualified 3a. Date of Last Report 02/16/1993 02/14/1996		
2. Principal P	iace of Business	2a. Mailing Address		******	4. FEI Number		pplied For
21		26			59-3164821	No	ot Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
City & State		27 City 9 Ctata	City & State			Fee Ro	equired
		}	28		6. Election Campaign Financing		May Be
Z ip			Zip Country		Trust Fund Contribution		to Fees
24	25	29	30	,	8. This corporation has liability for i	ntangibie tax under s ∐Yes ⊞ No	i. 199.032,
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
DAVI	DSON, DAVID COLE			81 Name		T	
161 00 FAIRCHILD DR				82 Street Add	ress (P.O. Box Number is Not Acceptab	1. 1	
SUITE E201-					BAC CENTRE	i e)	
CLEARWATER FL 94022				83		04	. 44 -
			-	7170	WEST KENNEDY	0102 5	140
				64 City	MPA	FL 85 45	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida 9	Statutes, the ab	ove-named corp	poration submits this statement for the p	urpose of changing I	ts registered
office of r agent. I a	egistered agent, or both, in the St m familiar with, and accept the ot.	ate of Florida. Such change digations of, Section 607.050	was authorized 5. Florida Stati	by the corporal	tion's board of directors. I hereby accept	it the appointment as	registered
SIGNATURE	,		·				
OIGHATION.	Signature typed or printed name of registered	agent and title if applicable	(NOTE: Registered	Agent signature requi	ired when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DP CHARLES	DELET		1		L Change	Addition
NAME	D'ANGELO, CHARLES		1.2 NA	ME			
STREET ADDRESS	MONTOCAL OUEDEO CAMADA			REET ADDRESS			
CITY-ST-ZIP	MONTREAL, QUEBEC CANA			Y-ST-ZIP	<u></u>	agriculture exe	
TITLE		☐ DELET				L Change	Addition
NAME			22 NA	f			
STREET ADDRESS				IEET ADDRESS		•	Ì
CHTY - ST - ZIP		I DOLET		Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	ГТа	Theres.
TITLE		L DELET				Change	☐ Addition
NAME			3.2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-S1-ZIP		T DELET		Y-SI-Z#P		THE Channel	The second
TITLE		L DELET				L. Change	Addition
NAME			4. 2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		☐ DELET		Y-ST-ZIP		Change	Addition
TOLE						Change	Addition
NAME			5 2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		DELET		Y-ST-ZIP		☐ Change	Adding
TITLE		ן דיין אנדנו				ti rusuge	Add-tion
NAME CTOTEL ADODUCE			62 NA				
STREET ADDRESS				ieet address			
CITY-S1-ZIP			6 4 Cit	Y-ST-ZIP			

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 Brook 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

CHOILE FARILIKIHARICS D'ANGOO

FILED

Jan 22 1997 8:00am

Secretary of State