SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P93000077771 FLAMONT REALTY INC. (USA) Principal Place of Business Mailing Address 1975 EAST SUNRISE BLVD. 1975 EAST SUNRISE BLVD **5TH FLOOR** 5TH FLOOR FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 3. Date Incorporated or Qualified 3a. Date of Last Report 11/03/1993 08/11/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 65-0450039 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Flection Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm P}$ Country 8. This corporation has liability for intangible tax under s 199 032. Florida Statutes Yes 2 No Country 24 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOBKIN, KENNETH S 1975 E. SUNRISE BLVD. **B2** Street Address (P.O. Box Number is Not Acceptable) **SUITE 600** 83 FT. LAUDERDALE FL 33304 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or princip not elective princip agent and their applicable (fluit: He perced Agent's journe required wher remaining 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) PTD TITLE DELETE 1.1 THEF Change Addition FLOM, ALLAN NAME 1.2 NAME CR2E034 3575 BOULEVARD ST.LAURENT,8TH FL STREET ADDRESS 1.3 STREET ADDRESS MONTREAL, CANADA H2X2T7 CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE VSD DELETE 21 TITLE Change Addition COOK, DOUGLAS NAME 2.2 NAME 3575 BOULEVARD ST.LAURENT,8TH FL STREET ADDRESS 2 3 STREET ADDRESS MONTREAL, CANADA H2X2T7 CITY - ST - ZIP 2 4 CiTY - ST - ZIP TITLE D DELETE 3.1 TifuE Change Addition GOLDSTEIN, MEL NAME 3.2 NAM5 3575 BOULEVARD ST.LAURENT,8TH FL STREET ADDRESS 3.3 STREET ADDRESS MONTREAL, CANADA H2X2T7 CITY-S1-ZIP 3.4 CHTY-ST-ZIP TrTLE DELETE 4111111 Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY - \$1 - 712 TITLE DELETE 6 1 7:TLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CiTY - ST - 7IP 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 119 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 almade 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 617, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

JULY. 01.96

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854. 763.5004

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SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: