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Mar 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000026969 (3)

1. Corporation Name

WEST ISLAND PHILATELICS (U.S.A.), INC.

Principal Place of Business

888 S.E. THIRD AVE.
SUITE 400
FORT LAUDERDALE FL 33316

Mailing Address

888 S.E. THIRD AVE.
SUITE 400
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1994

4. FEI Number

65-0493682

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1720 HARRISON ST.

Suite, Apt. #, etc.

22 #1815

City & State

23 HOLLYWOOD FLA

Zip

24 33020

Country

25 USA

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

LARRY J. BEHAR, P.A.
888 S.E. THIRD AVE.
SUITE 400
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name PEED, KOROS, FINKELSTEIN & CRAIN, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
350 S.E. 2nd STREET, SUITE 500
83
84 City FT. LAUDERDALE FL 85 Zip Code 33201

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 607.0503, Florida Statutes.

SIGNATURE

Ronda S. Finkelstein, CPA

3/8/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	VTD HASID, ARIEL	1720 HARRISON ST., SUITE 1815	HOLLYWOOD FL	<input type="checkbox"/>
	PSD MIGNACCA, ROBERT	1134 W. STE CATHERINE #860	MONTREAL, QUEBEC H3B 1H4	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	PSTD HASID, ARIEL	1720 HARRISON ST., SUITE 1815	HOLLYWOOD, FLORIDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 as an attachment to an address.

SIGNATURE: *Ariel Hasid* ARIEL HASID MARCH 13, 1998 (954) 925-9021

CP2E034 (10/97)