


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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90018 016 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000066253**

1. Corporation Name  
**MANDOLIN INVESTMENTS, INC.**

Principal Place of Business  
**20 EGLINTON AVENUE, WEST  
SUITE 1600  
TORONTO, ONTARIO CANADA M4R - 2H1**

Mailing Address  
~~3099 EAST COMMERCIAL BLVD.  
SUITE 200  
FORT LAUDERDALE FL 33308~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/08/1994**

4. FEI Number

**NOT APPLICABLE**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 ~~C/O JOSIAS GOREN, CHEROF,  
DOODY & EZROL, P.A.~~  
Suite, Apt. #, etc.  
22 ~~3099 E. Commercial Blvd., #200~~  
City & State  
23 ~~Fort Lauderdale, Florida~~  
Zip Country  
24 ~~33308~~ 25 ~~U.S.A.~~

2a. Mailing Address  
26 ~~C/O JOSIAS GOREN, CHEROF,  
DOODY & EZROL, P.A.~~  
Suite, Apt. #, etc.  
27 ~~3099 E. Commercial Blvd., #200~~  
City & State  
28 ~~Fort Lauderdale, Florida~~  
Zip Country  
29 ~~33308~~ 30 ~~U.S.A.~~

9. Name and Address of Current Registered Agent

~~JOSIAS STEVEN L  
3099 E. COMMERCIAL BLVD.  
SUITE 200  
FT. LAUDERDALE FL~~

10. Name and Address of New Registered Agent

81 Name **GOREN, SAMUEL S.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3099 E. Commercial Blvd.**

83 Suite 200

84 City **Fort Lauderdale**

**FL**

85 Zip Code  
**33308**

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 607.0505, Florida Statutes.

SIGNATURE

*Sammy A. Green*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/25/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>GREEN, BARRY E</b>	
STREET ADDRESS	<b>C/O 20 EGLINTON AVENUE, WEST</b>	
CITY-ST-ZIP	<b>TORONTO, CANADA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Barry Green*  
DIRECTOR  
SIGNATURE REQUIRED

March 30, 1999

(416) 487-3883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0284312