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

Mailing Address

STE 1

6116 COTE ST LUC RD.

MONTREAL OU H3X-2

2a. Mailing Address

Suite, Apt. #, etc.

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

20855 NE 16TH AVE. BLDG, C-9

N. MIAMI BEACH FL 33179

Suite, Apt. #, etc.

SIGNATURE:

2, Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 13 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

04/24/1996

3. Date Incorporated or Qualified

04/05/97

J14-483-2303

01/24/1995

65-0560492

4. FEI Number

DOCUMENT # P95000008620 (3)

LES SERVICES DE COMPTABILITE S & G INC.

Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State				City & State			• • • • • • • • • • • • • • • • • • • •	6. Election Campaign Financing \$5.00 May Be		
3			28	1 — J				Trust Fund Contribution Added to Fees		
Zip		Country	·	7ip	Cou	intry	1/2/	8. This corporation has liability for intangible tax under s. 199.032,		
24		25	29	H3X 299	[30]	<i>/</i> {^	JADA	Florida Statutes Yes No		
9, Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent 81 Name			
DOUNE, MICHAEL D						or Name				
						82 Street Address (P.O. Box Number is Not Acceptable)				
N. MIAMI BEACH FL						B3				
						84	City	FL 85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed harmonol registered agent, and title it applicatele. (NOTE Registered Agent signature required when reinstalling) DATE										
12.		CTORS	a company of the comp			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P STEIN, GARRY			DELETE		116		LI Change LJ Addition		
NAME						AME				
STREET ADDRESS		NT EAST DR, #E308				THELL	ADDRESS			
CITY-ST-ZIP	AVENTUR	A FL					1 - ZIP			
TITLE	D			≥ DELETE	2111) LE	ļ	Change Addition		
NAME		IN, SANDY			2 2 N	AME				
STREET ADDRESS		NT EAST DR., #E-308			2 3 S1	TREET	ADDRESS			
CITY-ST-ZIP	AVENTUR	AFL		Page 515			S1 - 71P			
TITLE				☐ DELFTE	3.1 1!			Change Addition		
NAME					3.2 N/					
STREET ADDRESS					3.3 \$1	IREF1	ADDRESS			
CITY-ST-ZIP				DELTI(S1 - 71P			
TITLE				DEFE JE	4.1.10			Change Addition		
NAME					4. 2 N					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP	·			DELETE			1 - 716	Change Addition		
TITLE				□ Diffile	517			L] Change L] Addition		
NAME					5.2 N					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP				DELETE			1 - 7/P	Change Addition		
TITLE				C) DECEME	6.1 31			Lit cusude Lil washou		
NAME .					6.2 N/		40001.00			
STREET ADDRESS	,						ADDRESS			
CITY-ST-ZIP	by carlify the	t the information supplies	Luith #	is filing door not car			II-ZIP	taled in Section 119.07/3V/). Florida Statutes, I Curbor certify that the		
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 eath; 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.										