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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000015564 (4)**

1. Corporation Name
LUC SYL INC.

Principal Place of Business	Mailing Address
901 N.W. 31ST AVE. LOT 36 POMPANO BEACH FL 33069	901 N.W. 31ST AVE. LOT 36 POMPANO BEACH FL 33069-1129

3. Date Incorporated or Qualified: 02/23/1995
3a. Date of Last Report: 05/01/1996

4. FEI Number: 65-0559349 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 891 FAIRWAY DR.	26 891 FAIRWAY DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: POMPANO BEACH FL	28 City & State: POMPANO BEACH FL
24 Zip: 33069 25 Country: USA	29 Zip: 33069 30 Country: USA

9. Name and Address of Current Registered Agent

BLOUIN, LUCILLE
901 N.W. 31ST AVE. LOT 36
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name: DENIS GAUTHIER
82 Street Address (P.O. Box Number is Not Acceptable): 499 E SHERIDAN ST
83
84 City: DANIA FL 85 Zip Code: 33004

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] DENIS GAUTHIER 4/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST DANDURAND, SYLVAIN 208 BEAUMARCHAIS LEGARDEUR, QUE J5Z 4E5 CANAD	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT-SECRETAIR DANDURAND SYLVAIN	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TRESURER LUCILLE MERINEAU 891 FAIRWAY DR POMPANO BEACH FL 33069	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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

SIGNATURE: [signature] 4/10/97