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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ***
DIVISION OF CORPORATIONS

FILED Apr 10 1997 8:00am Secretary of State

		4	
DOCUMENT # P96000024562			
Pa Ma Fer			
Principal Place of Business Mailing Address			
7800 W. Oakland PK Blud 10020 WM.	chob Rd		
Surise FC. 32351 Tamanac FL		3. Date Incorporated or Qualified 3	
Johnise EC. 33351 I amanac	32321		a. Date of Last Report
2. Pencipal Place of Business 2a. Mailing Address	el Place of Business . 2a. Mailing Address		Applied For
21 /OOZO W. McNab Rd 26 Suite. Apt # etc Suite. Apt # etc	Suite, Apt. #, etc.		Not Applicable \$8.75 Additional
27	27		Fee Required
City & State 23 Tananac 28	City & State		\$5.00 May Be Added to Fees
Zip Country Zip	Country Zip Country		ngible tax under s. 199.032.
24 333 4 25 15 TOWAR & 29 30 9. Name and Address of Current Registered Agent		Florida Statutes Ye 10. Name and Address of New Regist	ered Agent
Rejean La Pierre	61 Name S'	tuan th. Golon	
	82 Street Addre	ss (P.O. Box Number is Not Acceptable)	7.1
, , , ,	83	20 W. MENab	
Bldg G	84 City		85 Zip Code
11. Pursuant to the provisions of Socilons 607 0502 and 607, 1508, Florida Statutes.		marka C pration submits this statement for the puro	FL 3332/
office or registor d agent, or both, in the State of Florida. Such change was auth agent. Lar. 19 high Fly, and accept the obligations of, Section 607.0505, Florid	orized by the corporation	on's board of directors. I hereby accept the	e appointment as registered
SIGNATURE State type of opening the log of the great and the disposable (NOTE Re	og stered Agent signature requirer	S when reiostatino)	1 (97)
OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
NAME Jean Marcel Bouchan DELETE	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition ð
SHITH MINERS 2019 Gray Ave	13 STREET ADDRESS		<u> </u>
OILY-SI-ZIP MONTROAL Canada H4A3N2	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
HAME door marcel Bouchor	2.2 NAME		
Shall action 1 0 / G - St	2 3 STREET ADDRESS		
Canoda HYA3N2	2 4 City-St-ZiP 3 1 Tite	***************************************	Change Addition
NAME	3.2 NAME		{
STRET ADDRESS (STREST 70	3.3 STREET ADDRESS 3.4 City-St-Zip		1
T.) DELETE	4 † TITLE		Change Addition
MAM: STRICT A TIPRESS	4 2 NAME 4.3 STREET ADDRESS		
City S1-7#	4 4 CHY-ST-ZIP		1
TITEL L. DELETE	5.1 YITLE 5.2 NAME		L., Chat ge L., Addition
\$78EL K00m, 95	5.3 STREET ADDRESS		4) 410197
ONE ST 785 DELETE	5.4 CITYST-7/P 6.1 TiTLE		Creange Addition
NAMI	62 NAME	800002139718	
Sherraper o	63 STREET ADDRESS	***155.191	
14. I that en-by certise that the information supplied with this filmologous not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I wither certify that the			
reformation red called on this around 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 one cut of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 19 or Block 19 or chapter 600 and allachment with an address.			
~ 11.12			
SIGNATURE SIGNATURE AND APPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Days OF BIGNING OFFICER OR DIRECTOR			