

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

FILED  
Mar 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000024562 (6)</b> 1. Corporation Name <b>PA MA FER, INC.</b>			
Principal Place of Business <b>7800 W. OAKLAND PARK BLVD. BLDG. "G" SUNRISE, FL. 33351</b>		Mailing Address <b>7800 W. OAKLAND PARK BLVD. BLDG. "G" SUNRISE, FL. 33351</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <b>7800 W. OAKLAND PARK BLVD.</b> Suite, Apt. #, etc. 22 <b>BLDG. "G"</b> City & State 23 <b>SUNRISE, FLORIDA</b> Zip 24 <b>33351</b>		2a. Mailing Address 26 <b>7800 W. OAKLAND PARK BLVD.</b> Suite, Apt. #, etc. 27 <b>BLDG. "G"</b> City & State 28 <b>SUNRISE, FLORIDA</b> Zip 29 <b>33351</b> Country 30 <b>BROWARD</b>	
3. Date Incorporated or Qualified <b>03/12/1996</b>		4. FEI Number <b>65-0794908</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>LAPIERRE, REJEAN 7800 W. OAKLAND PARK BLVD. BLDG. "G" SUNRISE, FLORIDA 33351</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: <i>[Signature]</i> DATE: <b>2/25/98</b>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. <b>D BOUCHER, JEAN M. 2019 GREY AVENUE MONTREAL, QUEBEC, CANADA H4A 3N3</b> 2. <b>D GRESSE, FRANCOISE 2019 GREY AVENUE MONTREAL, QUEBEC, CANADA H4A 3N3</b> 3. <input type="checkbox"/> DELETE 4. <input type="checkbox"/> DELETE 5. <input type="checkbox"/> DELETE 6. <input type="checkbox"/> DELETE		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 amendment with an address. SIGNATURE: <i>[Signature]</i> <b>JEAN M. BOUCHER</b> DATE: <b>2/18/98</b> <b>954-749-8802</b>			

CR2E034 (10/97)