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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06-10-1999 90019:016 **350.00
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DOCUMENT # **P97000035118**

1. Corporation Name
3565, INC.

Principal Place of Business	Mailing Address
C/O ROSENFELD & STEIN P.A. 18260 NE 19TH AVE N MIAMI BEACH FL 33162	C/O ROSENFELD & STEIN, P.A. 18260 NE 19TH AVE N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 c/o P.V. Co Inc	3. Date Incorporated or Qualified 04/18/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 3565 Jarry ST. E.	4. FEI Number ~~APPLIED FOR~~ 65-0782846 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Suite 200 Montreal, Qc	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 H1Z 4K6 30 CANADA	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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~ROSENFELD, ALEXANDER M~~ ~~18260 NE 19TH AVE~~ ~~N MIAMI BEACH FL 33162~~ MARY HOPKINS, CPA 9121 N. MILITARY TR. SUITE 222 PALM BCH GARDENS FL 33410	81 Name RALPH READE 82 Street Address (P.O. Box Number is Not Acceptable) c/o P.V. Co Inc. 83 3565 JARRY ST E #200 84 City MONTREAL ~~QUEBEC~~ PE 85 Zip Code H1Z 4K6

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 X RALPH READE X CPA May 1/99 9-29-99
Signature of new registered agent (or printed name of registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	READE, RALPH	1.2 NAME	
STREET ADDRESS	3565 JARRY ST E SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL QUEBEC H124K6 FL 33162	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1/99 (514) 593-8900
Date Daytime Phone #

CR2E034 (11/98)