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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000051651 (2)

SELEC	T MASON	RY, INC.			(-/											
Principal Pla	ce of Busines	s		Mailing	Address											
1963 N.E. 149TH \$T. 1963 N.E. 149TH ST.																
NORTH MIAMI FL 33181 NORTH MIAMI FL 33181																
											OO NOT W		IN THIS	SPACE		
									İ	ncorporate	d or Qualit	fied				
2 Principal	Place of Bucin	1000		Om Moit	ing Addross		·			1/1997					- -	
2. Principal Place of Business				2a. Mailing Address					4. FET NU		222	~1	110	, <u>a</u> -		ed For
Suite, Apt. #, etc.				Suite, Apt. #, etc.					45-C	707	775	حبري	41 DC			pplicable
22				27					Certific	cate of Stat	us Desired	d		\$8.79	D Add Regu	
City & State				City & State												
23				28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
Zip		Country		Žip		Count	ry			orporation (as paic	d the cur			
24		25	2	9		30				al Property				Yes		
	9, Name	and Address	of Current Re	gistered	Agent				10. Name	and Addr	ss of Nev	w Reg	stered	Agent		
HAMEL, PASCALE 81 120									ST I	ACO	355	•				
1963 N.E. 149TH ST.							2 Street	Addres	s (P.O. Box				e}		-	
NORTH MIAMI FL 33181							196		E. 149	9 T.H.		<u>ان (</u>		LIAL	11	
						8	3									
						8	4 City	_	4 . 1	······································				85Z	p Coo	a.
				····			<u> Vic</u>	>M)	4 M1	<u>4U1</u>			<u>_FL</u>	. <	31	8
11. Pursuant office or	i to the provis registered ag	eph of Sections eph or both, in	s 607,050 % and th e B iale of Fi	3 6 07,156 orida: Su	08, Florida Statu ich change was tion 607.0505, F	tes, the abo authorized l	ve-named by the cor	corpor poration	ration submi n's board of	its this stat directors.	ement for i Thereby a	the pu	rpose of	changing	j its rec as rec	egistered iistered
agent. I i	am lamiliar w	h, and acce pt	(Na Ubligation	of, Sect	tion 607 0505, F	lorida Statut	es.			1	- 1 -		— <i>1</i>	901	N N	Jotorba
SIGNATURE		Deuce	c you	ies	UES (I	SENOI	1 23	YCO.	NES_)(<u> 2/-0</u>	25	<u>, - 1</u>	172	5	
12,	Signature, types	of printed name of re	CERS AND DIF			It Hegistered A	gont signaturi	e required		DNS/CHAN	GES TO C	SELCE	DATE DR AND	DIRECTO	OBS I	NI 12
TITLE	D /		<u> </u>		DELETE	1,1 1111.6		MZ	E - PA	25101	NI T	71 1 7 O L	-110 744	Change		Addition
NAME	_	S, GERVAIS			_	1.2 NAM	ł.	BE	NOT	JAC	2006	£S			-	
STREET ADDRESS 920, PLACE DUFOUR, VILLE				ER			et address	196	3 149	TH. 8	ST.				_	
CITY-ST-ZIP QUEBEC, CANADA G1M 3B1						1.4 CITY			MTH			エー	3	318	l	
TITLE	WICE PRESIDEUX				DELETE	2.1 TITLE		,		100111	~\·	·		Change		Addition
NAME	BENG	XT J X <c< td=""><td><i>\$</i>\(\begin{align*} \text{\text{\$\gamma}} \text{\text{\$\gamma}}</td><td></td><td>\mathbf{V}</td><td>2.2 NAMI</td><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td><td>_ ,</td><td></td><td>_</td></c<>	<i>\$</i> \(\begin{align*} \text{\text{\$\gamma}} \text{\text{\$\gamma}}		\mathbf{V}	2.2 NAMI	E							_ ,		_
STREET ADDRESS	199036 1	7.DK 14X	(THX\$ 1	X λ	/	2.3 STRE	et address									
CITY-ST-ZIP	MARIN	MiAKi	i per s	SVE	1 🗸	2 4 CITY	-\$1-ZIP									
TITLE	_				DELETE	3.1 TITLE								Change	е [Addition
NAME						3.2 NAM6	<u> </u>									
STREET ADDRESS						3.3 STRE	ET ADDRESS									
CITY-ST-ZIP						3.4. CITY	- S1 - ZIP									ļ
TITLE					DELETE	4.1 TITLE								Change	<u> </u>	Addition
NAME						4. 2 NAM	E									
STREET ADDRESS						4.3 STRE	E1 ADDRESS									
CITY-ST-ZIP	<u> </u>					4.4 CITY-		<u> </u>								
TITLE					DELETE	5 1 TIILE		İ						Change	;	Addition
NAME						5.2 NAME										
STREET ADDRESS						5.3 STREE	ET ADDRESS									
CITY-ST-ZIP					December 1	5.4 CITY				^						
TITLE					DELETE	6.1 TITLE								Change	; <u> </u>	Addition
NAME						6.2 NAME	:	1								

11. Thereby 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 23 1998 8:00am

Secretary of State