

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90001 013 ***150.00

DOCUMENT # S41385

1. Corporation Name

DUVAL REALTY INVESTORS, INC.

Principal Place of Business

2050 MANSFIELD ST., STE 1112
MONTREAL QUEBEC H3A 1Y9
CANADA

Mailing Address

2050 MANSFIELD ST., STE 1112
MONTREAL QUEBEC H3A 1Y9
CANADA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1991

2. Principal Place of Business

21 1002 SHERBROOKE ST. W.

Suite, Apt. #, etc.

22 SUITE 2625

City & State

23 MONTREAL, QUEBEC

Zip

Country

24 H3A 3L6 25 CANADA

2a. Mailing Address

26 1002 SHERBROOKE ST. W.

Suite, Apt. #, etc.

27 SUITE 2625

City & State

28 MONTREAL, QUEBEC

Zip

Country

29 H3A 3L6 30 CANADA

4. FEI Number

65-0282357

Applied For

No. Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

MAYERS, ALEXANDER
2121 N OCEAN BLVD
APT 1007-E
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NO. E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MAYERS, ALEXANDER
STREET ADDRESS 2121 N. OCEAN BLVD.
CITY-ST-ZIP BOCA RATON FL

TITLE P ☐ DELETE
NAME GARTNER, MICHAEL
STREET ADDRESS 104 WINDMILL CRESCENT
CITY-ST-ZIP MONTREAL CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE:

Michael Gartner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 19/99

Date

514-845-0241

Daytime Phone #

CR2E034 (1/98)

0001631