


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90006 003 \*\*\*150.00

0129698

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **S45816** ✓

1. Corporation Name

**M.R.E. INVESTMENTS, INC.**

Principal Place of Business

**4040 SHERIDAN STREET  
HOLLYWOOD FL 33021**

Mailing Address

**9200 CLAVEAU  
VILLE D'ANJOU QU H1J 1-4  
CA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/17/1991**

4. FEI Number

**65-0261688**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

**9200 RUE CLAVEAU**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

**VILLE D'ANJOU, QUEBEC**

Zip

Country

Zip

Country

24

25

29

**H1J 1Z4**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHWARTZ, JOSEPH L.  
4040 SHERIDAN STREET  
HOLLYWOOD FL 33021**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>PSD</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>HART, MOE</b>               |                                 |
| STREET ADDRESS | <b>9200 CLAVEAU STREET</b>     |                                 |
| CITY-ST-ZIP    | <b>VILLE D'ANJOU QUEBEC CA</b> |                                 |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | <b>9200 RUE CLAVEAU</b>  |
| 1.4 CITY-ST-ZIP    | <b>VILLE D'ANJOU H1J 1Z4, QUE.</b>   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| 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    |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| 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    |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| 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    |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| 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    |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| 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 attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

**JUL 17/99 (514) 353-9711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Drawing Phone #

CR2E034 (5/99)

58 1115-70006-5  
545816

**M.R.E. INVESTMENTS INC.**  
9200 Claveau  
Ville D'Anjou, Que.  
H1J-1Z4

**Annual Reports Filings**  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399  
U.S.A.

July 7, 1999

**ATTENTION:**      **KATHERINE HARRIS**  
**SECRETARY OF STATE**

**RE:**    **1999 ANNUAL REPORT**

*Dear Madam,*

*As per our conversation on July 6th, 1999, with Ms. Kristen (Tel: (850)487-6059), please be advised that, due to the incorrect address, the original annual report was never received.*

*As agreed with her, enclosed please find the signed annual report with the payment amounting to \$150.00.*

*We thank you for your co-operation.*

*Yours truly,*



**Mr. Amir Rahim C.A.**  
**per: M.R.E. Investments Inc.**