FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S87004** **(5)**

1. Corporation Name

S.I.R. TRADING, INC.

Principal Place of Business	Mailing Address
135 TOBAGO DOLLARD DES ORNEAUX QUEBEC CN H9G2X-6	135 TOBAGO DOLLARD DES ORNEAUX QUEBEC CN H9G2X-6

3. Date Incorporated or Qualified: **10/14/1991**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **58-1968264** ☐ 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 has liability for intangible tax under s. 199.032 Fla. Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

WICHINSKY, GLENN E
1200 NORTH FEDERAL HWY, SUITE 200
BOCA RATON FL 33432

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 Section 607.1547, 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. The 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	RABINOVITCH, SARAH		1 NAME	
STREET ADDRESS	4175 STE.CSATHERINE W.		1 STREET ADDRESS	
CITY-ST-ZIP	WESTMOUNT,QUEBEC,CA		1 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	RABINOVITCH, PAUL		2 NAME	
STREET ADDRESS	135 TABAGO		2 STREET ADDRESS	
CITY-ST-ZIP	DOLLARD-DES-ORMEAUX QUEBEC H9G2X-6		2 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, HARRIS		3 NAME	
STREET ADDRESS	1 WESTMOUNT SQUARE, SUITE 200		3 STREET ADDRESS	
CITY-ST-ZIP	WESTMOUNT QUEBEC CANADA		3 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing complies with, and does not cause this corporation to be in violation of, any provision of applicable 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 with an indication that I am an officer or director with respect to this report.

SIGNATURE: _____ PAUL RABINOVITCH Apr 12/96 514-333 9552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E034 (12/95)