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

્રા. ⊘ROFIT CORPORATION ANNUAL REPORT 2000



OCUMENT#

Corporation Name

LABATT BREWING COMPANY LIMITED

- THE TOTAL OF THE	FLORIDA DEPARTMENT OF STATE
	Katherine Harris
	Secretary of State
	DIVISION OF CORPORATIONS

FILED
May 31, 2000 8:00 am
Secretary of State

*150.00

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OMBANY FRAFTED	•	

rupai Fla	ue of Business	Mailing Ad	dress								
: ON	AY STREET. SUITE 200 181 BAY STREET. SUITE 200 TORONTO. ONTARIO M5J 2T3 CANADA M5J 2T3				DO NOT W	RITE IN THIS	SPACE				
	 .	•					3	Date Incorporated or Qualife 06/29/1998	ed		
Principal I	Place of Business	2a. Mailing 26	Address				4	NOT APPLICABLE		<u> </u>	oplied For ot Applicable
Suite, Apt	z. #, etc.	Suite, A	Apt. #, etc.				5	Certificate of Status Desired			Additional equired
City & Sta	ate	City & 28	State				6	 Election Campaign Financin Trust Fund Contribution 	g 🗆		May Be to Fees
Zip	Country	Zip	· -	Cou	ntry		8	. This corporation owes the co	urrent year Inta		
	25	29	30	0				Personal Property Tax.	- Desistand	XX Yes	□No
	9. Name and Address of Current	Registered A	gent		81	Name	70). Name and Address of Nev	Registered /	-gent	
СТ	CORPORATION SYSTEM	•									
120	O SOUTH PINE ISLAND ROAD				82	Street	t Address (P.O. Box Number is Not Acceptable)				
PLA	INTATION FL 33324				83						
					84	City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code
Pursuani	t to the provisions of Sections 607.0502	2 and 607.1508.	Florida Statutes	the at	ove	-named	corporation	on submits this statement for the	ne purpose of	changing its	registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida, Such	change was auth	ionzed	by i	ine corpo	oration's t	board of directors. I hereby acc	ept the appoir	ntment as re	egistered
ayent i a	•	ona or, oecuor	007.0000, 1 10.10	. .							
	Signature, typed or printed name of registered agent	and title if applicable	, (NOTE: Re	gistered	Agent	t signature n	required when		DATE		
_	OFFICERS AND	DIRECTORS		13.			,	ADDITIONS/CHANGES TO C	FFICERS AN		
	T		☐ DELETE	1.1 111	Œ		V	·		Change	Addition
-	MACLEAN, C			1.2 NA	MĘ			HIER, TC			
TAGREX	10 ORIOLE ROAD, TOR	RONTO, ON	Ī	1.3 STI	REET	ADDRESS	i .	DAHLIA COURT, C	OQUITLA	м, в.с	•
\$1.2 <u>P</u>	M4V 2E8			1.4 CT		-ZIP	V3E	<u> 2P1</u>		Change	Addition
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GUENS, LUC			2.2 NAME								
1063 MASTERS GREEN, OAKVILLE, ONTARIO					EET ADORESS						
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MORIN, L			3.2 NA								
20 EAST GABLES COURT, BEACONSFIELD					ADDRESS						
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PORTELANCE, MARC					1	EDMONTON HOUSE SUITE HOTEL, #2903		•			
HARRING 445 OSBORNE CRESCENT, EDMONTON, ALBERTA ST-ZEP T6R 2C3					10005 100 ME TOMONTON AD THE T						
ST-ZIP	.V		☐ DELETE	4.4 CIT 5.1 TIT		-419	V V	J-100 AVE., EDITO	NION AD	[X] Change	Addition
- //	1 -			52 NA			1 '	OT IR			
ON DESIGN OF COURT PERSOND MOVA COOTA		1201		ı	OT, J.B. HE KINGSWAY						
TARRES	B4A 2N7	ט, וזטיא טטי	O IDA	5.4 CT			I .	ICOKE, ON M8X 2	Т2		
ST 219	V		☐ DELETE	6.1 TIT			LIUB	TOTAL ON HOM Z		Change	☐ Addition
	GLOVER, M H			62 NA			See	Attachment "A"	for com	lete	
CADONESI		NOVA SCO	ΤΙΔ	Ŀ		ADDRESS	1	t of officers an	-		
	B4A 2J7	, 110 TA 000	TWT	6,4 CT			***	r of ottreers an	- ATTECH	.0.0	
ST ZIP	certify that the information supplied with										

indicated on this annual eport 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 carporation of 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.

		IRF