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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F59492 (1)					
1. Corporation Name PELI VENTURES (FLORIDA), INC.					

Principal Place of Business 10 DUMBARTON BLVD. WINNIPEG, MANITOBA CANADA CA R3P2C-7	Mailing Address 10 DUMBARTON BLVD. WINNIPEG, MANITOBA CANADA CA R3P2C
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2. Principal Place of Business 21 33 Kerslake Drive Suite, Apt. #, etc.		2a. Mailing Address 26 33 Kerslake Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/21/1981		3a. Date of Last Report 05/15/1996	
22 City & State Winnipeg, Manitoba		27 City & State Winnipeg, Manitoba		4. FEI Number 59-2151393		Applied For Not Applicable	
23 Zip R3P 2C8		28 Country CANADA		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
24 R3P 2C8		25 CANADA		29 R3P 2C8		30 CANADA	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	LUBA, PETER M	1.2 NAME	
STREET ADDRESS	10 DUMBARTON BLVD.	1.3 STREET ADDRESS	33 Kerslake Drive
CITY-ST-ZIP	WINNIPEG, MANITOBA CANADA R3P2C-7	1.4 CITY-ST-ZIP	Winnipeg, Manitoba CANADA R3P 2C8
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	800002144028--6
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: **Peter M. Luba, C.M.** April 10, 1997 204-895-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)