PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90015 047 ***550.00

1999	OD WE IT			
DOCUMENT # 1. Corporation Name	P95000009928			

THE 27TH PARALLEL CORP.

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Principal Place	of Business Mailing Address		I KROLFADE EIN INCH MITTE ARTER ARTE				
150 HEATH STREET WEST TORONTO, ONTARIO, CANADA 150 HEATH STREET WEST TORONTO, ONTARIO, CANADA				DO NOT WRITE IN THIS SPACE			
M4V 2Y4 M4V 2Y4				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 02/01/1995		
2 Nation Add		2a. Mailing Address				pplied For	
		26. Walling Address	¬		I	lot Applicable	
Suite Ant	Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75	Additional	
		27		•	5. Certificate of Status Desired Fee F	Required	
City & State		City & State			6. Election Campaign Financing \$5.00	May Be	
23		28	28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip		ıntry	8. This corporation owes the current year	¬,,,_	
24	25	29	30	Τ	Intangible Personal Property. Yes	No	
	9. Name and Address of Current	t Registered Agent	_	81 Name	10. Name and Address of New Registered Agent		
GILI	DAN, LAURIE L			I Name			
777 S. FLAGLER DR.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)			
SUITE 300 EAST				83			
WEST PALM BEACH FL 33401							
				84 City	FL 85 Zip	Code	
office or agent. I a	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change v	vas authorize	d by the corpora	poration submits this statement for the purpose of changing its ation's board of directors. I hereby accept the appointment as it	registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Regist	ered Agent signature	equired when reinstating) DATE	6	
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE	DP	L DELETI		ì	Change	ORS IN 12 Addition Addition	
NAME	GUTTMAN, MORRY	1.2 NA				[8	
STREET ADDRESS	100 110 1111 0 1110 1		TREET ADDRESS		18		
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA			ITY-ST-ZIP			
TITLE	DST CLATED LAMES II	DELETI			[] Change	Addition	
NAME	SLATER, JAMES H	~	2.2 N				
STREET ADDRESS	150 HEATH STREET WEST TORONTO, ONTARIO, CANAD	A MANE ONLA		TREET ADDRESS	-		
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CITY-ST-ZIP]						
TITLE			340				
NAME		DELET		ITY-ST-ZIP	Change	Addition	
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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 of 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 for on an attachment with an address.

SIGNATURE: