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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S80097

(6)

AHIZUN	A RESOURCES INDUSTRIE	o, inu.					
Principal Place of Business		Mailing Address				†	0 B
1080.700 4TH AVE. S.W. CALGARY, ALBERTA.CANADA T2P-3J4		P.O. BOX 2369 PALOS VERDES PENINSULA CA 50274-6368 US					
						3. Date Incorporated or Qualified 09/13/1991	3a. Date of Last Report 08/20/1996
2. Principal P	lace of Business	2a. Mailing Address			······································	4. FEI Number	Applied For
21		26				65-0366388	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			 	Trust Fund Contribution	Added to Fees
Zip	Country	Zip		intry		8. This corporation has liability for	
24	25	29	30	r		Florida Statutes 10. Name and Address of New Re	Yes No
	9. Name and Address of Currer	ıı neğisteren Ağeni		81	Name	10. Name and Address of New Re	gistered Agent
CT CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82	Street Addre	ss (P.O. Box Number is Not Acceptate	ie)
PLA	NIAHON FL 33324			83	 		
				84	Carr		85 Zip Code
							FL []
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the al	bove	-named corpo	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of changing its registered
agent. La	egistered agent, or both, in the state im familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Stat	tutes	гине согрогали 3.	or a board or directors, I flereby accep	of the appointment as registered
SIGNATURE							
	Signature, typed or printed name of registered age	ent and title II applicable. (N D DIRECTORS	OTE Registerer	d Age	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
12. TiTi F	PD	DELETE	1.1 10	TIF		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	RUCK, WALTER B	_ vector	1.2 N/				La crange
STREET ADDRESS	1080.700 4TH AVE. S.W.				ADDRESS		
DITY - ST - ZIP	CALGARY, ALBERTA, CANADA	T2P-3.14			T-ZIP		
TIFLE	SD DELETE		2,1 Ti		-1 * 13F		Change Addition
NAME			2.2 N/				
STREET ADDRESS	24491 JERONIMO LANE				ADDRESS	; ·	
CHY-ST-ZIP	LAKE FOREST CA 92620				ST - ZIP		
THLE	D	DELETE	3.1 Tí				Change Addition
NAME	PIETSCH, JAMES C		3.2 N/	AME			-
STHEET ADDRESS	350 W. ARDEN AVE. SUITE 20)8			ADDRESS		
CITY - ST - ZIP	GLENDALE CA 91203		3.4. C	HTY-S	ST-ZIP		
TITLE	T	DELETE	4.1 TO			· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	GOVE, ROBERT E		4. 2 N	IAME			
STHEFT ADDRESS	8 GAUCHO DR.		4.3 ST	TAEET	ADDRESS		
City - S* - ZIP	ROLLING HILLS ESTATES CA		4.4 CI	ITY-S	1-21P		
Trite		☐ DELETE	5.1 Tr	TLE			Change Addition
NAME			5.2 N/	AME			
STREET ADDRESS			5.3 \$1	TAEET	ADDRESS		
CITY - ST - ZIP		.,,	5.4 CI	ITY-S	7-ZIP		
TIFLE		DELETE "	6.1 1	TLE			Change Addition
NAME			6.2 N	AME			
STREET ADDRESS			6.3 ST	TAEET	ADDRESS		

6.4 CITY-ST-ZIP

CITY-ST-7IP

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.

FILED

Apr 01 1997 8:00am

Secretary of State