

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P35253

(4)

1. Corporation Name

AIPEG PROPERTY CORPORATION



Principal Place of Business

C/O C T CORPORATION SYSTEM
P.O. BOX 631
WILMINGTON DE 19899

Mailing Address

C/O C T CORPORATION SYSTEM
P.O. BOX 631
WILMINGTON DE 19899

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of the registered agent or the corporation

Signature of the registered agent or the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	PD	ROSE, BARRIE D.	3108 - 99 HARBOUR SQUARE	TORONTO, ONT., CANADA		AS									
	ROSE, JOHN A.	28 PEVERIL ROAD NORTH	TORONTO, ONT., CANADA												
	ROSE, PAULA	C/O BARRIE D. ROSE, 3108-99 HARBOUR SQ.	TORONTO ON												
	ROSE, ROBERT A.	44 ST JOSEPH ST. APT 2614	TORONTO ON												

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	PD	ROSE, BARRIE D	3108, 99 HARBOUR SQ.	TORONTO, ONT. CANADA											
	AS														
	ROSE, PAUL, A.	C/O BARRIE D. ROSE, 3108 99 HARBOUR SQ	TORONTO, ONTARIO	CANADA											

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent 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, on this annual report with my address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark 11/96 1-416-745-3333
DATE

CR2E034 (12/95)