

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

FILED

**Apr 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 572433 (1)
 1. Corporation Name
SHAMIRA HOLDING CORP., INC.



Principal Place of Business 234 EGLINTON AVENUE, EAST #806 TORONTO, ONT., CANADA 20436-6255	Mailing Address 234 EGLINTON AVENUE, EAST #806 TORONTO, ONT., CANADA 20436
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/18/1978	3a. Date of Last Report 07/08/1996
21. Suite, Apt. # etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1822641	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FEIG, MARC I. 8000 PETERS ROAD PLANTATON FL 33324		10. Name and Address of New Registered Agent	
81. Name	SHAMIRA KLEIN		
82. Street Address (P.O. Box Number is Not Acceptable)	410 BEDZOW, KORN & RAN, P.A.		
83. City	20803 BISCAYNE BLVD Suite 200		
84. State	FL	85. Zip Code	33180

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: *Chas Klein* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P KLEIN, VIKTOR	1.2 NAME	
STREET ADDRESS	234 EGLINTON AVE.E.#606	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO CA	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KLEIN, HAIM	2.2 NAME	
STREET ADDRESS	234 EGLINTON AVE.E.#606	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO CA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VP KLEIN/HAIM
STREET ADDRESS		3.3 STREET ADDRESS	234 Eglinton Avenue, #606
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Toronto, Ontario, Canada
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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: *VIKTOR KLEIN* 1/31/97 (416) 482-5833
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)