

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90292 025 ***150.00

DOCUMENT # F96000006200

1. Corporation Name
12013400 LTD.

Principal Place of Business Mailing Address
1600-1055 W. Hastings ST. 1600 - 1055 W. Hastings St.
Vancouver, BC Vancouver, BC
V6E 2H2 V6E 2H2

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/26/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 911500759 Applied for Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
660 East Jefferson St.
Tallahassee, FL 32301

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

Signature, typed or printed name of registered agent not to be applicable.

(NOTE: Registered Agent Signature required when (re)incorporated)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE	D'	<input type="checkbox"/> DELETE
NAME	SCHELLENBERG, DAVID	
STREET ADDRESS	2185-140A STREET	
CITY-ST-ZIP	SOUTH SURREY, BC V4A 9R8	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DESMARAIS, NICK	
STREET ADDRESS	2592 BELLOC STREET	
CITY-ST-ZIP	NORTH VANCOUVER, BC V7H 1J1	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GEER, NICHOLAS P.	
STREET ADDRESS	537 EASTCOT ROAD	
CITY-ST-ZIP	WEST VANCOUVER, BC V7S 1E5	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SALAYSAY, MENG	
STREET ADDRESS	1787 PETERS ROAD	
CITY-ST-ZIP	NORTH VANCOUVER, BC V7J 1Y7	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BERGEN, ROD	
2.3 STREET ADDRESS	24675 - 16th Avenue	
2.4 CITY-ST-ZIP	LANGLEY, BC V2Z 1J4	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 to an address, with all other like empowered.

SIGNATURE:

Nick Desmarais
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NICK DESMARAIS

SECRETARY APRIL 27/99 604-688-6764
DAYTIME PHONE #

CONFIDENTIAL