

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

**PROFIT CORPORATION ANNUAL REPORT 1999 2000**



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

APPROVED AND FILED

00 JUL 14 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F96000006200**

i. Corporation Name  
12013400, LTD. INC.

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

4/25/00 90071 034 - 150.00  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/26/1996

4. FEI Number Applied For  
91-1500759 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHELLENBERG, DAVID	1.2 NAME	KORENBERG, MICHAEL
STREET ADDRESS	2185-140A STREET	1.3 STREET ADDRESS	1600-1055 WEST HASTINGS ST.
CITY-ST-ZIP	SOUTH SURREY BC V4A 9R8	1.4 CITY-ST-ZIP	VANCOUVER, B.C. V6E 2H2
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESMARIS, NICK	2.2 NAME	
STREET ADDRESS	2592 BELLOCK STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH VANCOUVER, B.C. V7H 1J1	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGEN, ROD	3.2 NAME	
STREET ADDRESS	24675-16TH AVENUE <sup>3</sup>	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANGLEY, B.C. V2Z 1J4	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAYSAY, MENG	4.2 NAME	
STREET ADDRESS	1787 PETERS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH VANCOUVER, B.C. V7J 1V7	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nick Desmarais, Secretary

July 11, 2000

Date

(604)688-6764

Daytime Phone #

CR2E034 (11/98)