

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 482597 (2)
1. Corporation Name
SEVEN ISLANDS, INC.

Principal Place of Business 11 COUILLARD SEPT ISLES, QUEBEC, CANADA	Mailing Address 11 COUILLARD SEPT ISLES, QUEBEC, CANADA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/11/1975	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 98-0103750	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NEWMAN, JOEL P 420 LINCOLN ROAD MIAMI BEACH FL		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 _____ (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	DUMAIS, JACQUES	1.2 NAME	
STREET ADDRESS	11 COUILLARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEPT ISLES, QUEBEC 00000	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALANCETTE, YVAN	2.2 NAME	
STREET ADDRESS	485 EVANGELINE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEPT-ILES, QUEBEC	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DORIS	3.2 NAME	
STREET ADDRESS	420 LINCOLN RD #258	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, MARIA THERESA	4.2 NAME	
STREET ADDRESS	420 LINCOLN RD #258	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORJER, ROGER	5.2 NAME	
STREET ADDRESS	51 DES SABLONS C.P. 1194	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEPT-ILES, QUEBEC	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERRIEN, JACQUES	6.2 NAME	
STREET ADDRESS	20 ST-OLAF	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEPT-ILES, QUEBEC	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 with an address.

SIGNATURE _____

CR2E034 (10/97)