

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 522013 (2)

1. Corporation Name

EDENVALE SOUTH, INC.



Principal Place of Business

1013 S.E. 9TH ST.
FT. LAUDERDALE FL 33316

Mailing Address

1013 S.E. 9TH ST.
FT. LAUDERDALE FL 33316

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HULL, FLOYD V. JR.
1040 BAYVIEW DR.
SUITE 426
FT. LAUDERDALE FL 33304

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 and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	HOEFKES, ELIZABETH	
STREET ADDRESS	4218 MELIA DRIVE	
CITY-STATE-ZIP	MISSISSAUGA, ONTARIO	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WINKELS, SOFIE	
STREET ADDRESS	1739 BRIDEWELL CT.	
CITY-STATE-ZIP	MISSISSAUGA, ONTARIO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINKELS, SOFIE	
STREET ADDRESS	1739 BRIDEWELL CT.	
CITY-STATE-ZIP	MISSISSAUGA, ONTARIO	
TITLE	SP	<input type="checkbox"/> DELETE
NAME	WINKELS, FRITZ (ASS'T)	
STREET ADDRESS	3375 SAWMILL VALLEY DR.	
CITY-STATE-ZIP	MISSISSAUGA, ONTARIO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINKELS, FRITZ	
STREET ADDRESS	3375 SAWMILL VALLEY DR.	
CITY-STATE-ZIP	MISSISSAUGA, ONTARIO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fritz Winkels

Mar 5/96 (416) 509-1234

CR2E034 (12/95)