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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 632559

(1)

RIBERG INVESTMENTS, INC.

Mailing Address

1110 SHEPPARD AVENUE, EAST, SUITE #507

Principal Place of Business

1110 SHEPPARD AVENUE, EAST, SUITE #507

FILED Jan 29 1997 8:00am Secretary of State



WILLOWDALE, ONTARIO M2K 2W2 CANADA		WILLOWDALE, ONTARIO M2K 2W2 CANADA							
		V.II. V .				3. Date Incorporated or Qualified 08/13/1979		e of Last F)/1996	Report
 -	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26				59-1971483			
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	de	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for i			s. 199.032,
24]	25	29]	30] Yes [
OT C	9. Name and Address of Curren CORPORATION SYSTEM	nt Hegistered Agent		81	Name	10. Name and Address of New Re	gistered A	gent	
	S. PINE ISLAND RD.			٧.	INDITIO				
	ration fl 33324		82 Street Addre			Address (P.O. Box Number is Not Acceptab	1e)		
I EA	INIION I E 00024		-	B3					
				_				· · · · · · ·	
				84	City		FI	85 Zip	Code
agent. Fa	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was alions of, Section 607.0505, Fl	tes, the ab authorized lorida Stati	ove I by ites	-named the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of o t the appo	hanging i intment as	ls registered registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title Tappicable (NOT	H : Brigistered	Ager	nt Signature	required when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	ST	DEFEJE	1.1 1111	LE				Change	Addition
NAME	ROSENBERG, MORRIS		1.2 NA	ME					
STREET ADDRESS	1110 SHEPPARD AVE E #507		1.3 S1F	REET	ADDRESS				
CITY-ST-ZIP	WILLOWDALE, ONTARIO00000	DELETE	1.4 CIT		-7IP			"	
TITLE Name	RICER, SAM	L_ DELETE	2.1 1(1)				L	Change	Addition
STREET ADDRESS	1110 SHEPPARD AVE E #507		2.2 NAF		ADDUCCO				
CITY-ST-ZIP	WILLOWDALE, ONTARIO00000		2.3 STR		ADDRESS				
TITLE	P	☐ DELETE	3.1 TITE		1 · Zhr			Change	Addition
NAME	ROTSTEIN, RYAN		3.2 NAI	νÆ			_		
STREET ADDRESS	1612 QUEEN STREET W		3 3 STR	EET /	ADDRESS				
CITY-ST-ZIP	TORONTO, ONTARIO 00000		3.4. C()	Y-\$	T - 7 IP				
TITLE	D NOTETH MAKE	DELETE	4 1 111	E			[Change	Addition
NAME	GOLDSTEIN, JACK		4 2 NA	ME					
STREET ADDRESS	977 EGLINTON AVE W		4.3 STR	REE1 A	ADDRESS				
CITY-ST-ZIP	TORONTO, ONTARIO 00000	Doctors	4.4 CIT		· ŽIP			7	
TITLE		L] DELETE	5.1 7171				L	☐ Change	☐ Addition
NAME CTOTET ADDOESS			5.2 NAN						
STREET ADDRESS CITY-ST-ZIP					ADDRESS				
TITLE		DELETE	5.4 CIT		· 71P		·	Change	Addition
NAME			6.2 NAM				L		Auditori
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CII		- 1				
44 1 -	NAT ALL AND LANGE AND								

I do 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 pange work prematables.

SIGNATURE:

JAN. 20, 1997

(416) 221-5888