SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7. 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 F93000004319 (0) DOCUMENT # DEREK VAN LINT AND ASSOCIATES (U.S.) INC. Mailing Address Principal Place of Business % ECKERT SEAMANS CHERIN & MELLOTT 1056 17TH_8TR MIAMI BCH FL 33139 201 ALHAMBRA CIRCLE, SUITE 502 MIAMI FL 33134 3a. Date of Last Report 3. Date Incorporated or Qualified 09/23/1993 04/05/1995 Applied For 2a. Mailirig Address 4. FEI Number Pricipal Place of Rusiness Ligary AVE 28 13-3609316 Not Applicable \$8.75 Additional Suite, Apt # etc. 908 Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State 6. Election Campaign Financing MIAMI BEACH Added to Fees Trust Fund Contribution 28 Country 8. This corporation has liability for intangible tax under s. 199.032 Zio Yes No Florida Statutes 29 30 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Respected Agents greature in owned when remote by a Signature type the protect masse of recessored agent and the it approaches (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Change 1 1 TITLE TITLE PD CR2E034 1.2 NAME VAN LINT, DEREK NAME 55 SUDBURY STREET 1.3 STREET ADDRESS STREET ADDRESS TORONTO, ONTARIO M6J 3S7 14 CHY-SI-70 CITY - S1 - ZIP Change Addition DELETE 2.1 THEF TITLE STD 2.2 NAME CARTER, HUMPHREY NAME 2.3 STREET ADDRESS 304 ST. CLAIR AVE., EAST STREET ADDRESS 2 4 City - ST - ZIP TORONTO, ONTARIO M4T 1P4 CHTY-ST-ZIP Change Addition DELETE 3.1 DILE TITLE 3.2 NAME NAME 3.3 STREET ADOPESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - Z/P Change Addition DELETE 4.1 TITUE THILE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4 4 CHY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this firing 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 onth, that I am an efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and on an attachment with an address 12 or Block 13 if changed, or that my name appears in Blo

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAM6

SIGNATURE:X

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Juy 24/96 416 588 4003

Change Addition