


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

**FILED**  
**Apr 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000001551 (9)**  
 1. Corporation Name  
**FIEBROS FLORIDA VENTURES INC.**



Principal Place of Business 1867 YONGE ST., STE. 412 TORONTO, ONTARIO CANADA M4S 1Y5 00	Mailing Address 1867 YONGE ST., STE. 412 TORONTO, ONTARIO CANADA M4S 1Y5 00
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3. Date Incorporated or Qualified <b>03/31/1995</b>	3a. Date of Last Report <b>03/20/1996</b>
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2. Principal Place of Business 21 <b>90 EGLINTON AVENUE EAST</b> Suite, Apt. #, etc. 22 <b>S14</b> City & State 23 <b>TORONTO ONTARIO CANADA</b> Zip Country 24 <b>MAP 2Y3</b> 25 <b>CANADA</b>	2a. Mailing Address 26 <b>90 EGLINTON AVENUE EAST</b> Suite, Apt. #, etc. 27 <b>S14</b> City & State 28 <b>TORONTO ONTARIO CANADA</b> Zip Country 29 <b>MAP 2Y3</b> 30 <b>CANADA</b>
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4. FEI Number <b>98-0114069</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**SHIFF, J. RICHARD**  
**4102 QUAIL HOLLOW**  
**19763 BOCA WEST DR.**  
**BOCA RATON FL 33434**

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**

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 <b>DP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHIFF, RANDY M</b>		1.2 NAME	
STREET ADDRESS <b>1867 YONGE ST., STE. 412</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>TORONTO, ONTARIO, CANADA M4S -1Y5</b>		1.4 CITY-ST-ZIP	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHIFF, LAURENCE B</b>		2.2 NAME	
STREET ADDRESS <b>1867 YONGE ST., STE. 412</b>		2.3 STREET ADDRESS <b>90 EGLINTON AVENUE EAST SUITE 514</b>	
CITY-ST-ZIP <b>TORONTO, ONTARIO, CANADA M4S -1Y5</b>		2.4 CITY-ST-ZIP <b>TORONTO ONTARIO MAP 2Y3</b>	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>DS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHIFF, BARRY R</b>		3.2 NAME	
STREET ADDRESS <b>1867 YONGE ST., STE. 412</b>		3.3 STREET ADDRESS <b>90 EGLINTON AVENUE EAST SUITE 514</b>	
CITY-ST-ZIP <b>TORONTO, ONTARIO, CANADA M4S -1Y5</b>		3.4 CITY-ST-ZIP <b>TORONTO ONTARIO MAP 2Y3</b>	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHIFF, DANNY L</b>		4.2 NAME	
STREET ADDRESS <b>1867 YONGE ST., STE. 412</b>		4.3 STREET ADDRESS <b>90 EGLINTON AVENUE EAST, SUITE 514</b>	
CITY-ST-ZIP <b>TORONTO, ONTARIO, CANADA M4S -1Y5</b>		4.4 CITY-ST-ZIP <b>TORONTO ONTARIO MAP 2Y3 CANADA</b>	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHIFF, ARI N</b>		5.2 NAME	
STREET ADDRESS <b>1867 YONGE ST., STE. 412</b>		5.3 STREET ADDRESS <b>90 EGLINTON AVENUE EAST SUITE 514</b>	
CITY-ST-ZIP <b>TORONTO, ONTARIO, CANADA M4S -1Y5</b>		5.4 CITY-ST-ZIP <b>TORONTO ONTARIO MAP 2Y3</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DRIMAN, HOWARD</b>		6.2 NAME	
STREET ADDRESS <b>1867 YONGE ST., STE. 412</b>		6.3 STREET ADDRESS <b>90 EGLINTON AVENUE EAST SUITE 514</b>	
CITY-ST-ZIP <b>TORONTO, ONTARIO, CANADA M4S -1Y5</b>		6.4 CITY-ST-ZIP <b>TORONTO ONTARIO MAP 2Y3</b>	

14. 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 changed on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED H DRIMAN Apr 10 1997 (416) 487-4158  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #

CR2E034 (9/96)