


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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	Mailing Address 1867 YONGE ST., STE. 412 TORONTO, ONTARIO CANADA M4S 1Y5
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3. Date Incorporated or Qualified 03/31/1995	3a. Date of Last Report 03/20/1996
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2. Principal Place of Business 21 90 EGLINTON AVENUE EAST Suite, Apt. #, etc. 22 514 City & State 23 TORONTO ONTARIO CANADA Zip 24	2a. Mailing Address 26 90 EGLINTON AVENUE EAST Suite, Apt. #, etc. 27 514 City & State 28 TORONTO ONTARIO CANADA Zip 29 M4P 2Y3 Country 30 CANADA
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4. FEI Number 98-0114069	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SHIFF, RANDY M	
STREET ADDRESS	1867 YONGE ST., STE. 412	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M4S -1Y5	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHIFF, LAURENCE B	
STREET ADDRESS	1867 YONGE ST., STE. 412	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M4S -1Y5	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHIFF, BARRY R	
STREET ADDRESS	1867 YONGE ST., STE. 412	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M4S -1Y5	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SHIFF, DANNY L	
STREET ADDRESS	1867 YONGE ST., STE. 412	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M4S -1Y5	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHIFF, ARI N	
STREET ADDRESS	1867 YONGE ST., STE. 412	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M4S -1Y5	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DRIMAN, HOWARD	
STREET ADDRESS	1867 YONGE ST., STE. 412	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M4S -1Y5	

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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	90 EGLINTON AVENUE EAST SUITE 514
2.4 CITY-ST-ZIP	TORONTO ONTARIO M4P 2Y3
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	90 EGLINTON AVENUE EAST SUITE 514
3.4 CITY-ST-ZIP	TORONTO ONTARIO M4P 2Y3
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DP
4.3 STREET ADDRESS	90 EGLINTON AVENUE EAST, SUITE 514
4.4 CITY-ST-ZIP	TORONTO ONTARIO M4P 2Y3 CANADA
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	90 EGLINTON AVENUE EAST SUITE 514
5.4 CITY-ST-ZIP	TORONTO ONTARIO M4P 2Y3
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	90 EGLINTON AVENUE EAST SUITE 514
6.4 CITY-ST-ZIP	TORONTO ONTARIO M4P 2Y3

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)