


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

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90045 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000006321					
1. Corporation Name DALFEN SARNO ENTERPRISES, INC.					
Principal Place of Business 8479 PLACE DEVONSHIRE VILLE MONT-ROYAL QUEBEC H4P 1S5 CANADA			Mailing Address 8479 PLACE DEVONSHIRE VILLE MONT-ROYAL QUEBEC H4P 1S5 CANADA		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/04/1996	
Suite, Apt. #, etc. 22 4444 St. Catherine West #100		Suite, Apt. #, etc. 27 4444 St. Catherine West #100		4. FEI Number 98-0166060	
City & State 23 Westmont, Quebec		City & State 28 Westmont, Quebec		Applied For Not Applicable	
Zip 24 H3Z 1B2		Zip 29 H3Z 1B2		Country 30 Canada	
Country 25 Canada		Country 29 Canada		Country 30 Canada	
9. Name and Address of Current Registered Agent COBB, THOMAS C ESQ 1399 SW FIRST AVE., #400 MIAMI FL 33131			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					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME DALFEN, MURRAY					
1.3 STREET ADDRESS 8479 PLACE DEVONSHIRE					
1.4 CITY-ST-ZIP QUEBEC H4P 1S5 CANADA					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME DALFEN, MURRAY					
2.3 STREET ADDRESS 8479 PLACE DEVONSHIRE					
2.4 CITY-ST-ZIP QUEBEC H4P 1S5 CANADA					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS 4444 St. Catherine West #100					
1.4 CITY-ST-ZIP Westmont, Quebec H3Z 1B2					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS 4444 St. Catherine West #100					
2.4 CITY-ST-ZIP Westmont, Quebec H3Z 1B2					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 1999 (514) 938-1050

Date

Daytime Phone #

CR2E034 (1-1/98)