

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000006384 (9)

1. Corporation Name  
DALFEN SUNSHINE ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: %MURRAY DALFEN, 8479 PL DEVONSHIRE, VILLE MONT-ROYAL, QUEBEC H4P 1S5, CANADA  
Mailing Address: %MURRAY DALFEN, 8479 PL DEVONSHIRE, VILLE MONT-ROYAL, QUEBEC H4P 1S5, CANADA

3. Date Incorporated or Qualified: 12/06/1996  
4. FEI Number: APPLIED FOR 58-2892726  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

g. Name and Address of Current Registered Agent  
COBB, THOMAS C ESO  
1399 SW 1ST AVE #400  
MIAMI FL 33130

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 607.0102 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: Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE: DCPS  
NAME: DALFEN, MURRAY  
STREET ADDRESS: 8479 PL DEVONSHIRE, VILLE MONT-ROYAL  
CITY-ST-ZIP: QUEBEC H4P 1S5, CANADA  
[DELETE]  
TITLE: T  
NAME: DALFEN, MURRAY  
STREET ADDRESS: 8479 PL DEVONSHIRE, VILLE MONT-ROYAL  
CITY-ST-ZIP: QUEBEC H4P 1S5, CANADA  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [Change] [Addition]  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [Change] [Addition]  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [Change] [Addition]  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [Change] [Addition]  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [Change] [Addition]  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [Change] [Addition]  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, or on an attachment with an address.

CR2E034 (10/97)

*M. Orla* (514)