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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90210 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K17491**

1. Corporation Name
NUANCE GLOBAL SHIPS, INC.



Principal Place of Business 1510 SE 17TH ST STE 200 FT. LAUDERDALE FL 33316 US	Mailing Address 1510 SE 17TH ST SUITE 200 FT. LAUDERDALE FL 33316 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2630 SKYMARK AVE. Suite, Apt. #, etc. 22 SUITE 400 City & State 23 MISSISSAUGA, ONTARIO Zip 24 L4W5A3 Country 25 CANADA	2a. Mailing Address 26 6346 VISCONTI ROAD Suite, Apt. #, etc. 27 City & State 28 MISSISSAUGA, ONTARIO Zip 29 L4V 1H3 Country 30 CANADA
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3. Date Incorporated or Qualified 03/09/1988	4. FEI Number 65-0035286	Applied For <input type="checkbox"/> Not Applicable
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 owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CORNISH, ADRIAN 1510 SE 17TH STREET SUITE 200 FT LAUDERDALE FL 33316
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10. Name and Address of New Registered Agent 81 Name HENRY LOWENSTEIN 82 Street Address (P.O. Box Number is Not Acceptable) 617 WEST 46TH STREET 83 84 City MIAMI BEACH FL 85 Zip Code 33140

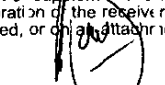
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  **Henry A. Lowenstein Esq.** DATE **4-19-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAFFLON, RENE RAINSTRESSE 5 8103 UNTERENGSTRINGEN SW	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAWN, MARKUS STEINACHERSTRASSE 15 8308 ILLNAN SW	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, RUEDI GRABENWIES 79 8484 WEISSLINGEN SW	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORNISH, ADRIAN 1510 SE 17TH STE200 FORT LAUDERDALE FL 33316	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLELAND, GWENDOLYN 1510 SE 17TH ST., SUITE 200 FT. LAUDERDALE FL 33316	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DIRECTOR DERRICK MORRIS BARNETT 16 SIXPENNY COURT THORNHILL ONTARIO CANADA L3T4E5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SECRETARY KARIN WOODRATCH GRASWINKEL STR. 7 8302 KLOTEN SWITZERLAND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:  **DERRICK BARNETT** DATE **4/15/1999** (905) 602-6985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)