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Apr 03 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 # L33733

(1)

1. Corporation Name

MANGO ENTERPRISES U.S., INC.



Principal Place of Business C/O PETER T. HOFSTRA 8640 SEMINOLE BLVD. SEMINOLE FL 34642-4328 US	Mailing Address C/O PETER T. HOFSTRA 8640 SEMINOLE BLVD. SEMINOLE FL 33772-3801 US
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3. Date Incorporated or Qualified 12/01/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 98-0106418	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 4629 KINGSTON ROAD 27 Suite, Apt. #, etc. 28 WEST HILL, ONTARIO 29 MIE 2P7 30 CANADA
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9. Name and Address of Current Registered Agent HOFSTRA, PETER T. 8640 SEMINOLE BLVD SEMINOLE FL 34642	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
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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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D.P.
NAME	GROUND, GORDON I.	1.2 NAME	VANDERKOLFF A. W.
STREET ADDRESS	4629 KINGSTON ROAD	1.3 STREET ADDRESS	4629 Kingston Rd.
CITY - ST - ZIP	WEST HILL, ONT CAN	1.4 CITY - ST - ZIP	West Hill, Ont. Can MIE 2P7
TITLE	DVP	2.1 TITLE	
NAME	MANNING, ANNE	2.2 NAME	
STREET ADDRESS	4629 KINGSTON ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST HILL, ONT CAN	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	VANDERKOLFF, MARGARET	3.2 NAME	
STREET ADDRESS	4629 KINGSTON ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST HILL, ONT CAN	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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, or on an attachment with an address.

SIGNATURE: *M. Vanderkoff* M. VANDERKOLFF MAR. 10/97 416-281-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0301883

CR2E034 (9/96)