
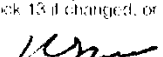


FILED  
Mar 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 21 1997 8:00am Secretary of State	
DOCUMENT # L49204		(5)			
1. Corporation Name ITAL-CANAM, INC.		Principal Place of Business C/O HENRY A. BEIDERBECKE 231 SOUTH FEDERAL HIGHWAY LAKE WORTH FL 33460		Mailing Address C/O HENRY A. BEIDERBECKE 231 SOUTH FEDERAL HIGHWAY LAKE WORTH FL 33460-4230	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1990	
21. State, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 04/26/1996	
22. City & State		27. City & State		4. FEI Number 65-0205594	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BEIDERBECKE, HENRY A 231 SOUTH FEDERAL HIGHWAY LAKE WORTH FL 33460		10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.		81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
SIGNATURE		83.		84. City	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		85. Zip Code FL	
1. TITLE		1.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		1.2 NAME			
STREET ADDRESS		1.3 STREET ADDRESS			
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP			
2. TITLE		2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP			
3. TITLE		3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP			
4. TITLE		4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP			
5. TITLE		5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP			
6. TITLE		6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-STATE-ZIP		6.4 CITY-STATE-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: 		H.A. BEIDERBECKE		3/17/97 581-585-6442	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone	