

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M38382** (1)
1. Corporation Name
FERIVAN CORP.



Principal Place of Business C/O S. RALPH. IVACO INC. 770 SHERBROOKE ST W 20TH FLOOR MONTREAL, QB CANADA H3A1G1	Mailing Address C/O S. RALPH. IVACO INC. 770 SHERBROOKE ST W 20TH FLOOR MONTREAL, QB CANADA H3A1G1
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o P. Sorenti, Ivaco Inc Suite, Apt. #, etc. 22 770 Sherbrooke St.W.,20Fl City & State 23 Montreal, Quebec Zip 24 H3A 1G1		2a. Mailing Address 26 c/o P. Sorenti, Ivaco Inc. Suite, Apt. #, etc. 27 770 Sherbrooke St.W.,20Fl. City & State 28 Montreal, Quebec Zip 29 H3A 1G1		3. Date Incorporated or Qualified 09/15/1986	
		4. FEI Number 59-2748704		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 or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVANIER, SYDNEY	1.2 NAME	
STREET ADDRESS	770 SHERBROOKE ST. 20 FL	1.3 STREET ADDRESS	
CITY- ST- ZIP	MONTREAL QUE. CAN	1.4 CITY- ST- ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, GEORGE	2.2 NAME	
STREET ADDRESS	770 SHERBROOKE ST. 20 FL	2.3 STREET ADDRESS	
CITY- ST- ZIP	MONTREAL QUE CAN	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVANIER, SYDNEY	3.2 NAME	
STREET ADDRESS	770 SHERBROOKE ST. 20 FL	3.3 STREET ADDRESS	
CITY- ST- ZIP	MONTREAL QUE CAN	3.4 CITY- ST- ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH SAMUEL	4.2 NAME	
STREET ADDRESS	770 SHERBROOKE ST W	4.3 STREET ADDRESS	
CITY- ST- ZIP	MONTREAL, QUEBEC CANA	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AS
STREET ADDRESS		5.3 STREET ADDRESS	SOARENTI, PETER
CITY- ST- ZIP		5.4 CITY- ST- ZIP	770 SHERBROOKE STREET WEST
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	MONTREAL, QUEBEC CANADA H3A 1G1

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.

SIGNATURE:

April 1, 1998 (514) 288-4545

CR2E034 (10/97)