SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

0004288

DOCUMENT # N36446 (5)

1. Corporation Name

CANADIAN AMERICAN BUSINESS ALLIANCE OF SOUTH FLO RIDA, INC.

Principal Place of Business

1000 W MCNAB ROAD
POMPANO BEACH FL 33069

Mailing Address

1000 W MCNAB ROAD
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified
02/05/1990

4. FEI Number
65-0172618
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent

HRAWG CORP
2000 GLADES RD
SUITE 400
BOCA RATON FL 33431

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

CR2E037 (5/98)

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	BEARES,VERN	
STREET ADDRESS	6362 ASPEN GLEN CIR	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE	D	[ ] DELETE
NAME	MINERLEY,KENNETH L.	
STREET ADDRESS	2101 CORPROATE BLVD NW	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	[ ] DELETE
NAME	DONNELLY, MICHAEL J	
STREET ADDRESS	1000 W. MC NAB ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	S	[ ] DELETE
NAME	DUTTON, ANTHONY L.	
STREET ADDRESS	2000 GLADES RD., SUITE 400	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	[X] DELETE
NAME	GILL, RICHARD J.	
STREET ADDRESS	150 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	[ ] DELETE
NAME	BASE, E. RIC	
STREET ADDRESS	1450 SW 3RD ST	
CITY-ST-ZIP	POMPANO BCH FL 33069	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	[X] Change [ ] Addition
1.2 NAME	Raymond Gelinas	
1.3 STREET ADDRESS	4031 Oakwood Boulevard	
1.4 CITY-ST-ZIP	Hollywood, Florida 33020	
2.1 TITLE	D	[ ] Change [XX] Addition
2.2 NAME	Judith Harvey-Manley	
2.3 STREET ADDRESS	1100 South State Rd. 7/ Suite 103	
2.4 CITY-ST-ZIP	Margate, Florida 33068	
3.1 TITLE	D	[ ] Change [XX] Addition
3.2 NAME	James H. Long	
3.3 STREET ADDRESS	1001 E. Hallandale Beach Boulevard	
3.4 CITY-ST-ZIP	Hallandale, Florida 33009	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	[X] Change [ ] Addition
5.2 NAME	Christian P. Roy	
5.3 STREET ADDRESS	1001 E. Hallandale Beach Boulevard	
5.4 CITY-ST-ZIP	Hallandale, Florida 33009	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony L. Dutton, Secretary 9/4/98 (561) 394-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #