

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

FILED

Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P15809 (7)
1. Corporation Name
152945 CANADA, INC

Principal Place of Business 5435 TERREBONNE, STE. 101 MONTREAL P.Q. H4A3R7 CANADA	Mailing Address 5435 TERREBONNE, STE. 101 MONTREAL, P.Q. H4A3R7 CANADA
--	---

2. Principal Place of Business 21 5435 De Terrebonne Suite, Apt. #, etc. 22 SUITE 101 City & State 23 Zip 24	2a. Mailing Address 26 5435 De Terrebonne Suite, Apt. #, etc. 27 SUITE 101 City & State 28 Zip 29
---	--

3. Date Incorporated or Qualified 09/02/1987	3a. Date of Last Report
4. FEI Number 52-1495817	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent
LESNIAK, STERAN
17094 COLLINS AVE., SUITE 204
MIAMI BEACH, FL. 33160

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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DAY _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PAS LESNIAK, STERAN
STREET ADDRESS	7 COLCHESTER
CITY-ST-ZIP	HAMPSHIRE, QUEBEC
TITLE	<input type="checkbox"/> DELETE
NAME	SD GERSON, BLAINE ROSNER
STREET ADDRESS	95 PRINCE ARTHUR
CITY-ST-ZIP	TORONTO, ONTARIO
TITLE	<input type="checkbox"/> DELETE
NAME	VD LESNIAK, STANLEY
STREET ADDRESS	191 HANLANO
CITY-ST-ZIP	HAMPSHIRE, CANADA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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. 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:  (STERAN LESNIAK) 03-14-97 945-1050

CR2E034 (9/96)