

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

FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

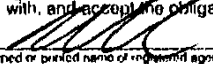
DOCUMENT # P93000056990 (3)  
1. Corporation Name  
C.C.E.R. INC.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	2500 Hollywood Blvd.	26	2500 Hollywood Blvd.	08/13/1993	04/29/1997
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	Suite #212	27	Suite #212	65-0482528	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Hollywood, Fl.	28	Hollywood, Fl.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33020	29	Zip 33020	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
25	Country Broward	30	Country Broward	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

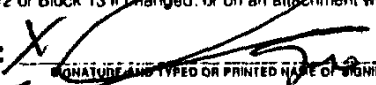
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83	SUITE #212			
				84	City	HOLLYWOOD	85	Zip Code
							FL	33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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:  ROSS H. MANELLA 4/23/1997  
Signature, typed or printed name of registered agent and title if applicable (X) If Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input type="checkbox"/> DELETE		11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOURDAN, PIERRE			12 NAME			
STREET ADDRESS				13 STREET ADDRESS	5415 PAPINEAU STREET		
CITY, ST, ZIP				14 CITY, ST, ZIP	MONTREAL, QUE. CANADA H2N 1W3		
TITLE		<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY, ST, ZIP				24 CITY, ST, ZIP			
TITLE		<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY, ST, ZIP				34 CITY, ST, ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY, ST, ZIP				44 CITY, ST, ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY, ST, ZIP				54 CITY, ST, ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS	200002168912		
CITY, ST, ZIP				64 CITY, ST, ZIP	-05/07/97--01006--040		
					***165.00		

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:  PRESIDENT 4/28/97 (954) 9253355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

PIERRE JOURDAN

CR2E034 (9/95)