

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

1996 AUG 14 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000087150 (6)
 1. Corporation Name
SECOND STREET CANADIAN CONSULTANTS, INC.

Principal Place of Business 100 SE 2ND Street 28th Floor Miami, FL 33131	Mailing Address 100 SE 2nd Street 28th Floor Miami, FL 33131
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CHANGED BY 15215400
-08/14/96-01038-001
***225.00 ***225.00

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11-28-94	3a. Date of Last Report 12-1-95
4. FEI Number recently applied for	<input checked="" type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KTG&S REGISTERED AGENT CORPORATION
100 SE 2nd Street
28th Floor
Miami, FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 remaining) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lipson, Barry D.	1.2 NAME	
STREET ADDRESS	401 Bay Street, #1800	1.3 STREET ADDRESS	
CITY-ST-ZIP	Toronto Ontario Canada M5H 2Z1	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cowie, Donald	2.2 NAME	
STREET ADDRESS	401 Bay Street, #1800	2.3 STREET ADDRESS	
CITY-ST-ZIP	Toronto, Ontario, Canada M5H 2Z1	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gorman, Harry	3.2 NAME	
STREET ADDRESS	401 Bay Street, #1800	3.3 STREET ADDRESS	
CITY-ST-ZIP	Toronto Ontario M5H 2Z1	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Snow, S. Milton	4.2 NAME	
STREET ADDRESS	401 Bay Street, #1800	4.3 STREET ADDRESS	
CITY-ST-ZIP	Toronto Ontario Canada M5H 2Z1	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Unger, Dr. Martin	5.2 NAME	
STREET ADDRESS	401 Bay Street, #1800	5.3 STREET ADDRESS	
CITY-ST-ZIP	Toronto Ontario Canada M5H 2Z1	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Unger, Walter	6.2 NAME	
STREET ADDRESS	401 Bay Street, #1800	6.3 STREET ADDRESS	
CITY-ST-ZIP	Toronto Ontario Canada M5H 2Z1	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: 8/13/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
 416.214.5440

CR2E034 (12/95)

Handwritten initials/signature