

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000011141 (5)

1. Corporation Name

BAJA VENTURES INC.



Principal Place of Business	Mailing Address
931 S.R. 434 NORTH SUITE 1145 ALTAMONTE SPRINGS FL 32714	931 S.R. 434 NORTH SUITE 1145 ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified 02/09/1995	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc.	Suite, Apt #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" 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

9. Name and Address of Current Registered Agent
DRAGONE, DANIEL 931 S.R. 434 NORTH SUITE 1145 ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
B1 Name GREGORY CHENAIL B2 Street Address (P.O. Box Number is Not Acceptable) 931 S.R. 434 NORTH B3 SUITE 1145 B4 City ALTAMONTE SPRINGS FL B5 Zip Code 32714

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 *Gregory Chenail* (NOTE: Registered Agent's signature required when reinstating) DATE **8/20/96**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D HASAPES, JOANNE
STREET ADDRESS	931 S.R. 434 NORTH, SUITE 1145
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	<input type="checkbox"/> DELETE
NAME	D CHENAIL, GREG
STREET ADDRESS	931 S.R. 434 NORTH, SUITE 1145
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 checked="" type="checkbox"/> Addition	
1.1 TITLE	V/D
1.2 NAME	GEORGE HASAPES
1.3 STREET ADDRESS	931 S.R. 434 NORTH, STE. 1145
1.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714
2.1 TITLE	P/S/D
2.2 NAME	GREGORY CHENAIL
2.3 STREET ADDRESS	931 S.R. 434 NORTH, STE. 1145
2.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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(2)(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 Section 607.0507, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gregory Chenail* *Gregory Chenail* **8/20/96** **(707) 788-2252**

CR2E034 (3/96)