

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

FILED

**May 12 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 # P96000043129 (1)

1. Corporation Name
CHASECO HOLDINGS INC.



Principal Place of Business: **2875 N.E. 191ST STREET SUITE 404 N MIAMI BEACH FL 33180**
Mailing Address: **2875 N.E. 191ST STREET SUITE 404 N MIAMI BEACH FL 33180-2800**

3. Date Incorporated or Qualified: **05/21/1996**
3a. Date of Last Report

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**
2 ST. CLAIR AVE WEST
900
TORONTO, ONTARIO
M4V 1L5 **CANADA**

4. FEI Number: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
REINHARD, SANFORD N
2875 N.E. 191ST ST.
SUITE 404
N MIAMI BEACH FL 33180

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REINHARD, SANFORD N	
STREET ADDRESS	2875 N.E. 191ST ST. SUITE 404	
CITY - ST - ZIP	N MIAMI BEACH FL 33180	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	REINHARD, SANFORD N	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REINHARD, SANFORD N	
1.3 STREET ADDRESS	2875 N.E. 191ST ST. SUITE 404	
1.4 CITY - ST - ZIP	N MIAMI BEACH FL 33180	
2.1 TITLE	REINHARD, SANFORD N	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REINHARD, SANFORD N	
2.3 STREET ADDRESS	2875 N.E. 191ST ST. SUITE 404	
2.4 CITY - ST - ZIP	N MIAMI BEACH FL 33180	
3.1 TITLE	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARTIN CHASSON	
3.3 STREET ADDRESS	2 ST. CLAIR AVE. WEST	
3.4 CITY - ST - ZIP	TORONTO, ONTARIO M4V 1L5	
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		

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*****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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (9/96)