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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000025120 (1)

1. Corporation Name
KWSR, INC.

[redacted]

Principal Place of Business	Mailing Address
2255 GLADES ROAD SUITE 405 EAST BOCA RATON FL 33431	2255 GLADES ROAD SUITE 405 EAST BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1997

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

4. FEI Number: [X] Applied F [ ] Not Appli
5. Certificate of Status Desired [ ] $8.75 Additior Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May b Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MCRAE, MITCHELL T
2255 GLADES ROAD
SUITE 405 EAST
BOCA RATON FL 33431

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 registe 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ~~DELETE~~	1.1 TITLE	P, D Change Add
NAME	~~MCRAE, MITCHELL T~~	1.2 NAME	Peter Klauber
STREET ADDRESS	~~2255 GLADES ROAD~~	1.3 STREET ADDRESS	33 Fountain Dr., Dollars des Ormeaux
CITY-ST-ZIP	~~BOCA RATON FL 33431~~	1.4 CITY-ST-ZIP	Quebec, Canada H9B 1X9
TITLE	DELETE	2.1 TITLE	S, D Change Add
NAME		2.2 NAME	Joseph Havas
STREET ADDRESS		2.3 STREET ADDRESS	27 Crillon, Dollars des Ormeaux
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Quebec, Canada H9A 1J4
TITLE	DELETE	3.1 TITLE	D Change Add
NAME		3.2 NAME	David Klauber
STREET ADDRESS		3.3 STREET ADDRESS	33 Fountain Dr., Dollars des Ormeaux
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Quebec, Canada H9B 1X9
TITLE	DELETE	4.1 TITLE	Change Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	400002509584 Change Add
NAME		6.2 NAME	-05/04/98--01069--020
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 informatio 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: [redacted] April 24, 1998 (514) 842-3911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR