

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S05853

(4)

1. Corporation Name

DKL (GP) INC.

Principal Place of Business

2 ST. CLAIR AVE., W., STE 701
TORONTO, ONTARIO M4V 1L5
CANADA

Mailing Address

2 ST. CLAIR AVE., W., STE 701
TORONTO, ONTARIO M4V 1L5
CANADA



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

29

30

WEISSLER, ROBERT I.
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

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 607.0500 and 607.1500, 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, thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person making the change, or the registered agent)

(Signature of the person authorized to make the change)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

[] DELETE

NAME

PRINCE, JONAS J.

STREET ADDRESS

2 ST. CLAIR AVE. W., #701

CITY-ST-ZIP

TORONTO, ONTARIO, CA

TITLE

D

[] DELETE

NAME

SQUIBB, G. WAYNE

STREET ADDRESS

2 ST. CLAIR AVE. W., #701

CITY-ST-ZIP

TORONTO, ONTARIO, CA

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied on this form is true and correct to the best of my knowledge and belief, and that the information indicated on this form is true and correct to the best of my knowledge and belief, and 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 omitted in accordance with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONAS J. PRINCE Feb. 27/96 (416) 923-1919

SG 3-28-96

CR2E034 (12/95)