

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**

98 JAN 13 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name  
D.I.A. PROPERTY INC.

Principal Place of Business: 4100 YONGE ST SUITE 502 NORTH YORK, ONTARIO CANADA M2P-2B5  
Mailing Address: SAME AS PLACE OF BUSINESS

21	22	23	24	25	26	27	28	29	30	4. FEI Number	Applied For
2. Principal Place of Business					2a. Mailing Address					98-0118591	Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State					City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip					Zip					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Country					Country					Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRENTICE HALL CORPORATION 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301				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 \_\_\_\_\_ 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	PRESIDENT & DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H. THOMAS BECK	1.2 NAME	
STREET ADDRESS	4100 YONGE ST. SUITE 502	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH YORK, ONT. (CANADA M2P-2B5)	1.4 CITY-ST-ZIP	700002401907--0
TITLE	SECRETARY <input type="checkbox"/> DELETE	2.1 TITLE	01/15/98 01000 013
NAME	CATHERINE BECK	2.2 NAME	***165.00 ***165.00
STREET ADDRESS	4100 YONGE ST SUITE 502	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH YORK, ONT. (CANADA M2P-2B5)	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE: Catherine Beck  
DATE: JAN 7 1998 (416) 226 7279

CR2E034 (9/96)