


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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90114 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S26959

1. Corporation Name
O I A PROPERTY, INC.



Principal Place of Business 4100 YONGE STREET, SUITE 502 NORTH YORK, ONTARIO M2P 2B5 CANADA CA	Mailing Address 4100 YONGE STREET, SUITE 502 NORTH YORK, ONTARIO M2P 2B5 CANADA CA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4100 YONGE ST. Suite, Apt. #, etc. 22 SUITE 402 City & State 23 TORONTO ONT. Zip 24 M2P-2B5 25 CANADA	2a. Mailing Address 26 4100 YONGE ST. Suite, Apt. #, etc. 27 SUITE 402 City & State 28 TORONTO, ONT. Zip 29 M2P-2B5 30 CA
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3. Date Incorporated or Qualified 01/24/1991	4. FEI Number 98-0118591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	DP	<input type="checkbox"/> DELETE
NAME	BECK, H. THOMAS	
STREET ADDRESS	4100 YONGE STREET, SUITE 502	
CITY-ST-ZIP	WILLOWDALE-ONTARIO-CANADA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BECK, CATHERINE	
STREET ADDRESS	4100 YONGE STREET, SUITE 502	
CITY-ST-ZIP	WILLOWDALE-ONTARIO-CANADA	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4100 YONGE ST. SUITE 402
1.4 CITY-ST-ZIP	NORTH YORK, ONT CANADA
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4100 YONGE ST. SUITE 402
2.4 CITY-ST-ZIP	NORTH YORK, ONT. CANADA
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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 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, with all other like empowered.

SIGNATURE: *Catherine Beck* REQUIRE CATHERINE BECK MAR 3/99 (416)226-7279
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)