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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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

03-11-1999 90114 006 \*\*\*150.00

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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1991

2. Principal Place of Business

21 4100 YONGE ST.

2a. Mailing Address

26 4100 YONGE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 402

27 SUITE 402

City & State

City & State

23 TORONTO ONT.

28 TORONTO, ONT.

Zip Country

Zip Country

24 M2P-2B5 CANADA

29 M2P-2B5 30 CA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE HALL CORPORATION SYSTEM  
1201 HAYS STREET  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME BECK, H. THOMAS  
STREET ADDRESS 4100 YONGE STREET, SUITE 502  
CITY-ST-ZIP WILLOWDALE-ONTARIO-CANADA

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 4100 YONGE ST. SUITE 402  
1.4 CITY-ST-ZIP NORTH YORK, ONT CANADA

TITLE S  
NAME BECK, CATHERINE  
STREET ADDRESS 4100 YONGE STREET, SUITE 502  
CITY-ST-ZIP WILLOWDALE-ONTARIO-CANADA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 4100 YONGE ST. SUITE 402  
2.4 CITY-ST-ZIP NORTH YORK, ONT. CANADA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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)