

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # V17805 (5)
1. Corporation Name
FOGILSTONE DEVELOPMENT, INC. PREMIERE MINING VENTURES, INC.



Principal Place of Business 5100-TOWN-CENTER-CIRCLE SUITE-330 BOCA-RATON-FL 33486	Mailing Address 5100-TOWN-CENTER-CIRCLE SUITE-330 BOCA-RATON-FL-33486-1688
---	--

2. Principal Place of Business 21 4510 Victoria Drive Suite, Apt. #, etc.		2a. Mailing Address 26 4510 Victoria Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/28/1992	3a. Date of Last Report 06/26/1996
22 City & State 23 Vancouver, B.C.		27 City & State 28 Vancouver, B.C.		4. FEI Number -APPLIED FOR 65-0698328	Applied For Not Applicable
24 V5N 4N8 25 Canada		29 V5N 4N8 30 Canada		5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent E.H.G. RESIDENT AGENTS-INC. 5100-TOWN CENTER CIRCLE SUITE 330 BOCA RATON-FL 33486-				10. Name and Address of New Registered Agent		
				81 Name Gilbert & Bomstein		
				82 Street Address (P.O. Box Number is Not Acceptable) 5100 Town Centre Circle		
				83 Suite 330		
				84 City Boca Raton	85 Zip Code FL 33486	

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GILBERT, EDWARD H		1.2 NAME Frank Demitro	
STREET ADDRESS 5100 TOWN CENTER CIRCLE		1.3 STREET ADDRESS 1196 Renfrew Street	
CITY-ST-ZIP BOCA RATON FL 33486		1.4 CITY-ST-ZIP Vancouver, B.C. V5K 4B4	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME David Jeffery	
STREET ADDRESS		2.3 STREET ADDRESS 7531 Manitoba Street	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Vancouver, B.C. V5X 1S9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address

SIGNATURE _____ *M. Noel 13 '97 (604) 879-0570*

CR2E034 (9/96)