


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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90045 023 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S47118**

1. Corporation Name  
**CANADIAN COOL CLEAR WATER, INC.**

Principal Place of Business ONE BISCAYNE TOWER SUITE 3599 MIAMI FL 33131	Mailing Address ONE BISCAYNE TOWER SUITE 3599 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/19/1991</b>	
2. Principal Place of Business 21 1027 S. Rainbow Blvd. Suite, Apt. #, etc. 22 Suite 391 City & State 23 Las Vegas, Nevada Zip Country 24 89128 25 USA	2a. Mailing Address 26 1027 S. Rainbow Blvd. Suite, Apt. #, etc. 27 Suite 391 City & State 28 Las Vegas, Nevada Zip Country 29 89128 30 USA
4. FEI Number <b>65-0260846</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

**CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BYRN, MARK J</b>	
STREET ADDRESS	<b>2 SOUTH BISCAYNE BLVD., #2600</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PSTD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Randy Larson</b>	
1.3 STREET ADDRESS	<b>#391-1027 S. Rainbow Blvd.</b>	
1.4 CITY-ST-ZIP	<b>Las Vegas, NV 89128</b>	
2.1 TITLE	<b>C</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>William R. McKay</b>	
2.3 STREET ADDRESS	<b>#391-1027 S. Rainbow Blvd.</b>	
2.4 CITY-ST-ZIP	<b>Las Vegas, NV 89128</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Cheim Weinstein</b>	
3.3 STREET ADDRESS	<b>#391-1027 S. Rainbow Blvd.</b>	
3.4 CITY-ST-ZIP	<b>Las Vegas, NV 89128</b>	
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: **Randy Larson**, President, Feb. 12, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)