

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90091 005 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000000713**

1. Corporation Name  
**AIR TRANSAT A.T. INC.**

Principal Place of Business 11600 CARGO RD A-1 MONTREAL INTERNATIONAL AIRPORT MIRABEL. QUEBEC J7N 1G9	Mailing Address 11600 CARGO RD A-1 MONTREAL INTERNATIONAL AIRPORT MIRABEL. QUEBEC J7N 1G9
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>02/11/1997</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For 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

**BOISMENU, MICHEL**  
**140 S. FEDERAL HWY**  
**2ND FL**  
**DANIA FL 33804**

10. Name and Address of New Registered Agent

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

**FL**

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	DC	<input type="checkbox"/> DELETE
NAME	EUSTACHE, JEAN-MARC	
STREET ADDRESS	18 HAZELWOOD AVE	
CITY-ST-ZIP	OUTREMONT, QUEBEC H3T 1R3	
TITLE	DCV	<input type="checkbox"/> DELETE
NAME	SUREAU, PHILIPPE	
STREET ADDRESS	224 ELMWOOD AVE	
CITY-ST-ZIP	OUTREMONT, QUEBEC H2V 2E2	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETRIN, DENIS	
STREET ADDRESS	32, DE MANENON	
CITY-ST-ZIP	GLAINVILLE QU J7B1M-6	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OUMET, ALFRED	
STREET ADDRESS	968 AVE DU LAC	
CITY-ST-ZIP	SAINT-SAUVEUR QUEBEC J0R 1R2	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3200, ave. Trafalgar
2.4 CITY-ST-ZIP	Westmount (Québec) H3Y 1H7
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	32, de Maintenon
3.4 CITY-ST-ZIP	Blainville (Québec) J7B 1M6
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: SIGNATURE OF OFFICER OR DIRECTOR *[Signature]* Date: 99-03-08 Daytime Phone #: (450)476-1011

CR2E034 (11/98)

**ADDITIONS**

490292-90091-5  
F97000000 713

**(Officers)**

D  
JACOB, Denis  
354, boul. de la Salette  
Bellefeuille (Québec) J0R 1A0

D  
MÉNARD, Pierre  
911, Bergeron  
Ste-Thérèse (Québec) J7E 4W5

D  
SOUCHON, André  
268, Glengarry  
Ville Mont-Royal (Québec) H3R 1A5

**(Directors)**

V  
KALBFLEISCH, Kevin  
455, Fountain Street, Apt. 5  
Cambridge, Ontario M3H 1J2

S  
GAUTREAU, Linda  
197, Kensington  
Beaconsfield (Québec) H9W 2J5

A/S  
LEGAULT, Jean-François  
170, Brookfield  
Ville Mont-Royal (Québec) H3P 3J8