

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

**FILED**  
**Jun 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000005846 (7)**  
 1. Corporation Name  
**AIR TRANSAT HOLIDAYS A.T. INC./ VACANCES AIR TRA  
 NSAT A.T. INC.**



Principal Place of Business <b>140 S FEDERAL HWY DANIA FL 33004</b>	Mailing Address <b>140 S FEDERAL HWY DANIA FL 33004</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified <b>11/04/1997</b>	Applied For Not Applicable
4. FET Number <b>98-0175853</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BOISMENU, MICHEL  
 8901 LAKE PARK CIRCLE NORTH  
 DAVIE FL 33328**

10. Name and Address of New Registered Agent  
 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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of registered agent required when filing with FET. Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	NAKHLEH TAWFIQ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CESARE, LINA D	12 NAME	<input checked="" type="checkbox"/> NAKHLEH TAWFIQ
STREET ADDRESS	3857 LAVAL STREET	13 STREET ADDRESS	2257 FULTON AVE.
CITY - ST - ZIP	MONTREAL QUEBEC	14 CITY - ST - ZIP	WEST VANCOUVER, BRITISH COLUMBIA
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUREAU, PHILIPPE	22 NAME	GODBOU DANIEL
STREET ADDRESS	24 ELMWOOD AVENUE	23 STREET ADDRESS	555 RAPIDE PLAT NORD
CITY - ST - ZIP	OUTREMONT QUEBEC	24 CITY - ST - ZIP	ST-HYACINTHE QUEBEC
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUSTACHE, JEAN MARC	32 NAME	TESSIER DANIEL
STREET ADDRESS	18 HAZELWOOD AVENUE	33 STREET ADDRESS	2600 BENNETT #204
CITY - ST - ZIP	OUTREMONT QUEBEC	34 CITY - ST - ZIP	MONTREAL QUEBEC
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST AMAND, CLAUDERIC	42 NAME	SPARER ISABELLE
STREET ADDRESS	309 STANLEY STREET	43 STREET ADDRESS	7490 MARQUETTE
CITY - ST - ZIP	ST LAMBERT QUEBEC	44 CITY - ST - ZIP	MONTREAL QUEBEC
TITLE	V	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VACHER, GEORGES	52 NAME	MALITO ANNA
STREET ADDRESS	10485 TOLHURST	53 STREET ADDRESS	6585 LOUIS DUPIRE
CITY - ST - ZIP	MONTREAL QUEBEC	54 CITY - ST - ZIP	MONTREAL QUEBEC
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, PAUL	62 NAME	200002558332
STREET ADDRESS	4019 DORY COURT STREET	63 STREET ADDRESS	-06/12/98- 01053- 083
CITY - ST - ZIP	MISSISSAUGA ONTARIO	64 CITY - ST - ZIP	***150.00

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.

SIGNATURE \_\_\_\_\_

CFR2E034 (10/97)