

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

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

05-05-1999 90001 003 ***150.00

DOCUMENT # F97000005846

1. Corporation Name
AIR TRANSAT HOLIDAYS A.T. INC./ VACANCES AIR TRA
NSAT A.T. INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
140 S FEDERAL HWY
DANIA FL 33004

Mailing Address
140 S FEDERAL HWY
DANIA FL 33004

3. Date Incorporated or Qualified
11/04/1997

4. FEI Number
98-0175853

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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 30

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 607.0502 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 *Nathalie Delisle* Nathalie Delisle April 28, 1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	CESARE, LINA D	
STREET ADDRESS	3657 LAVAL STREET	
CITY-ST-ZIP	MONTREAL QUEBEC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SUREAU, PHILIPPE	
STREET ADDRESS	24 ELMWOOD AVENUE	
CITY-ST-ZIP	OUTREMONT QUEBEC	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EUSTACHE, JEAN MARC	
STREET ADDRESS	18 HAZELWOOD AVENUE	
CITY-ST-ZIP	OUTREMONT QUEBEC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ST AMAND, CLAUDERIC	
STREET ADDRESS	309 STANLEY STREET	
CITY-ST-ZIP	ST LAMBERT QUEBEC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VACHER, GEORGES	
STREET ADDRESS	10485 TOLHURST	
CITY-ST-ZIP	MONTREAL QUEBEC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FOSTER, PAUL	
STREET ADDRESS	4019 DORY COURT STREET	
CITY-ST-ZIP	MISSISSAUGA ONTARIO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Boismenu, Michel	
1.3 STREET ADDRESS	8901 Lake Park Circle North	
1.4 CITY-ST-ZIP	Davie Florida	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Delisle, Nathalie	
2.3 STREET ADDRESS	506 Birch Street	
2.4 CITY-ST-ZIP	Montreal Quebec	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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: *Nathalie Delisle* Nathalie Delisle April 28, 1999 (514) 987-1160

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

CR2E034 (11/98)