FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **475855** **(3)**

1 Corporation Name
CANADIAN MOTEL, INC.

Principal Place of Business
9201 COLLINS AVE
MIAMI BEACH FL 33154

Mailing Address
9201 COLLINS AVE
MIAMI BEACH FL 33154

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/29/1975**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-1640201** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **$5.00** May Be Applied To

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORBEIL, JACQUES
9201 COLLINS AVE
MANAGERS OFFICE
SURFSIDE FL 33154

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT, DIRECTOR	☑ Change ☐ Addition
NAME	CORBEIL, JACQUES	1.2 NAME	MESSIER, LOUISE	
STREET ADDRESS	2021 ATWATER #205	1.3 STREET ADDRESS	10480 St DENIS ST.	
CITY-ST-ZIP	MONTREAL, CANADA	1.4 CITY-ST-ZIP	MONTREAL, QUEBEC CANADA H3L 2J1	
TITLE	S	2.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	CORBEIL, JACQUES	2.2 NAME	LANGLOIS, YVES	
STREET ADDRESS	2021 ATWATER #205	2.3 STREET ADDRESS	4000 NE 168th ST #110	
CITY-ST-ZIP	MONTREAL CA	2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	
TITLE		3.1 TITLE	SEC.-TREAS.	☑ Change ☐ Addition
NAME		3.2 NAME	GOLDSTEIN, JERRY	
STREET ADDRESS		3.3 STREET ADDRESS	2207 HOLLYWOOD BLVD	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/14 (305) 922-4208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

018331B CP