

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # F93000004057 (6)**

1. Corporation Name

ASSOCIATION CANADO-AMERICAINE, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 989  
MANCHESTER NH 03105-0989POST OFFICE BOX 989  
MANCHESTER NH 03105-0989

3. Date Incorporated or Qualified

09/08/1993

3a. Date of Last Report

02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROVENCHER, DANIEL L  
888 SE 3RD AVE.  
FT. LAUDERDALE FL 33316

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | DCP                    | <input type="checkbox"/> DELETE |
| NAME           | LEMIEUX, EUGENE A      |                                 |
| STREET ADDRESS | 52 CONCORD ST.         |                                 |
| CITY-ST-ZIP    | MANCHESTER NH 03101    |                                 |
| TITLE          | VPD                    | <input type="checkbox"/> DELETE |
| NAME           | LABBE, CHARLES         |                                 |
| STREET ADDRESS | 3255, RUE HOUE         |                                 |
| CITY-ST-ZIP    | TROIS RIVIERES, QUEBEC |                                 |
| TITLE          | SD                     | <input type="checkbox"/> DELETE |
| NAME           | COUTURIER, ROBERT L    |                                 |
| STREET ADDRESS | 52 CONCORD ST.         |                                 |
| CITY-ST-ZIP    | MANCHESTER NH 03101    |                                 |
| TITLE          | TD                     | <input type="checkbox"/> DELETE |
| NAME           | PROVOST, ALFRED J      |                                 |
| STREET ADDRESS | 52 CONCORD ST.         |                                 |
| CITY-ST-ZIP    | MANCHESTER NH 03101    |                                 |
| TITLE          | VPD                    | <input type="checkbox"/> DELETE |
| NAME           | BEAUDOIN, SERGE J      |                                 |
| STREET ADDRESS | 122 RUSTIC OAK DR.     |                                 |
| CITY-ST-ZIP    | SOUTHINGTON CT         |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

|                    |   |
|--------------------|---|
| 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 |   |
| 2.4 CITY-ST-ZIP    |   |
| 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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Robert L. Couturier

1-22-97

(603) 625-8577

Date

Daytime Phone # 0076170

CR2E037 (9/96)