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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:34

DOCUMENT # **F93000004871 (0)**

1. Corporation Name
SOUTHEX EXHIBITIONS, INC.

Principal Place of Business	Mailing Address
6915 RED ROAD, S-228 CORAL GABLES FL 33143 US	6915 RED ROAD S-228 CORAL GABLES FL 33143 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1993
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 13-2855174	☐ Applied For ☐ Not Applicable
21	26 E. Hillis, c/o Southam Inc.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1450 Don Mills Road	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Don Mills, Ontario	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 M3B 2X7 / Country 30 Canada	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SCHWARTZ, JOHN S
% MERSHON, SAWYER, JOHNSTON, ET.AL.
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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	P	11 TITLE		☐ Change ☐ Addition
NAME	MORDEN, BEVERLEY A	12 NAME		
STREET ADDRESS	1450 DON MILLS RD.	13 STREET ADDRESS		
CITY-ST-ZIP	DON MILLS, ONTARIO M3B 2X7	14 CITY-ST-ZIP		
TITLE	SVP	21 TITLE		☐ Change ☐ Addition
NAME	THOMAS, J. HUW	22 NAME		
STREET ADDRESS	1450 DON MILLS RD.	23 STREET ADDRESS		
CITY-ST-ZIP	DON MILLS, ONTARIO M3B 2X7	24 CITY-ST-ZIP		
TITLE	ASVP	31 TITLE	AS	☒ Change ☐ Addition
NAME	MACKENZIE, BLAIR J	32 NAME		
STREET ADDRESS	1450 DON MILLS RD	33 STREET ADDRESS		
CITY-ST-ZIP	DON MILLS ON	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	GIBBINGS, BRIAN R	42 NAME		
STREET ADDRESS	1450 DON MILLS RD.	43 STREET ADDRESS		
CITY-ST-ZIP	DON MILLS, ONTARIO M3B 2X7	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	CRAIG, JOHN G	52 NAME		
STREET ADDRESS	1450 DON MILLS RD.	53 STREET ADDRESS		
CITY-ST-ZIP	DON MILLS, ONTARIO M3B 2X7	54 CITY-ST-ZIP		
TITLE	VP	61 TITLE	DELETE	☒ Change ☐ Addition
NAME	PARSONS, JOYCE	62 NAME		
STREET ADDRESS	6915 RED ROAD, #228	63 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	64 CITY-ST-ZIP		

14. 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: J. B. Mackenzie Mar. 28/95 (416) 445-6641
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
J. Blair Mackenzie

000346 CP