FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000000839 (0)**

1. Corporation Name

ROYAL AVIATION INC.

Principal Place of Business	Mailing Address
6700 COTE DE LIESSE STE 503 MONTREAL, QUEBEC H4T 1E3 US	6700 COTE DE LIESSE STE 503 MONTREAL, QUEBEC H4T 1E3 US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25 Canada	29	30 Canada

3. Date Incorporated or Qualified: **02/21/1994**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **98-0129030** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GERVAIS, PAULINE
C/O DISTINCTIVE TOURS INC.
3530 MYSTIC POINT DRIVE #2103
MIAMI FL 33180

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEBLANC, MICHEL		1.2 NAME	LEONARD, Louise
STREET ADDRESS	9 LAUDSDOWN RIDGE		1.3 STREET ADDRESS	1 Wood Ave. Apt. 601
CITY-ST-ZIP	WESTMOUNT, QUEBEC H3Y 2B2		1.4 CITY-ST-ZIP	Westmount, Quebec H3Z 3C5
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SAUMIER, LOUISE		2.2 NAME	WYLIE, TORRANCE J.
STREET ADDRESS	9 LAUDSDOWN RIDGE		2.3 STREET ADDRESS	603 Edison Ave.
CITY-ST-ZIP	WESTMOUNT, QUEBEC H3Y 2B2		2.4 CITY-ST-ZIP	Ottawa, Ontario K2A 1V6
TITLE	VS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SIMARD, NICOLE		3.2 NAME	GRAHAM, ANTHONY R.
STREET ADDRESS	2413 DES HARFANGS		3.3 STREET ADDRESS	12 Edgar Ave
CITY-ST-ZIP	ST. LAURENT, QUEBEC H4L 2R2		3.4 CITY-ST-ZIP	Toronto, Ontario M4W 2A9
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LABRECQUE, DANIEL		4.2 NAME	
STREET ADDRESS	315 KENSINGTON		4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMOUNT, QUEBEC H3Z 2H2		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LANGLOIS, RAYNOLD		5.2 NAME	
STREET ADDRESS	80 BERLIOZ #402		5.3 STREET ADDRESS	
CITY-ST-ZIP	ILE DES SOEURS QU		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GOBEIL, PAUL		6.2 NAME	
STREET ADDRESS	3757 MARLOW		6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL QU		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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: Nicole Simard-Laurin, V.P.-Finance — N. Simard Laurin — April 25, 96 — (514) 739-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #