FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 685 boul. Stuart Graham N.	26 685 boul. Stuart Graham N.
Suite, Apt. #, etc. 22 --	Suite, Apt. #, etc. 27
City & State 23 Dorval, Québec	City & State 28 Dorval, Québec
Zip / Country 24 H4Y 1E4 / 25 Canada	Zip / Country 29 H4Y 1E4 / 30 Canada

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	10. Name and Address of New Registered Agent
GERVAIS, PAULINE C/O DISTINCTIVE TOURS INC. 3530 MYSTIC POINT DRIVE #2103 MIAMI FL 33180	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	PC	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	LEBLANC, MICHEL		1.2 NAME	WYLIE, Torrance	
STREET ADDRESS	9 LAUDSDOWN RIDGE		1.3 STREET ADDRESS	603 Edison Avenue	
CITY-ST-ZIP	WESTMOUNT, QUEBEC H3Y 2B2		1.4 CITY-ST-ZIP	Ottawa, Ontario K2A 1V6	
TITLE	V	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SAUMIER, LOUISE		2.2 NAME	DAGENAIS, Gilles	
STREET ADDRESS	9 LAUDSDOWN RIDGE		2.3 STREET ADDRESS	2565 Croissant du Saumur	
CITY-ST-ZIP	WESTMOUNT, QUEBEC H3Y 2B2		2.4 CITY-ST-ZIP	St-Lazare, Québec J7T 2C1	
TITLE	VS	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SIMARD, NICOLE		3.2 NAME	POMMIER, Paul	
STREET ADDRESS	2413 DES HARFANGS		3.3 STREET ADDRESS	86, 14è rue	
CITY-ST-ZIP	ST. LAURENT, QUEBEC H4L 2R2		3.4 CITY-ST-ZIP	Roxboro, Québec H8Y 1M8	
TITLE	D	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	LABRECQUE, DANIEL		4.2 NAME	McGUIRE, Louis	
STREET ADDRESS	315 KENSINGTON		4.3 STREET ADDRESS	360 chemin des Patriotes	
CITY-ST-ZIP	WESTMOUNT, QUEBEC H3Z 2H2		4.4 CITY-ST-ZIP	Mont St-Hilaire, QuébecJ3H 3G8	
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 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Louis Inquired March 2 1997 (514)828-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Louis McGuire Vice President Finance

0529454