

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000000839

1. Corporation Name  
ROYAL AVIATION INC.

Principal Place of Business  
685 BOUL. STUART GRAHAM N  
DORVAL QU H4Y1E  
US

Mailing Address  
685 BOUL. STUART GRAHAM N  
DORVAL QU H4Y1E  
US

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90129 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

H4Y 1E4

25

CANADA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

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 owes the current year Intangible  
Personal Property Tax.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	LEBLANC, MICHEL	
STREET ADDRESS	9 LAUDSDOWN RIDGE	
CITY-ST-ZIP	WESTMOUNT, QUEBEC H3Y 2B2	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SAUMIER, LOUISE	
STREET ADDRESS	9 LAUDSDOWN RIDGE	
CITY-ST-ZIP	WESTMOUNT, QUEBEC H3Y 2B2	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POMMIER, PAUL	
STREET ADDRESS	86, 14E RUE	
CITY-ST-ZIP	ROXBORO QU	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TREMBLAY, JACQUES A	
STREET ADDRESS	11 DE LA FLANDRE	
CITY-ST-ZIP	BLAINVILLE QU J7C56	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYLIE, TORRANCE	
STREET ADDRESS	603 EDISON AVE	
CITY-ST-ZIP	OTTAWA ON	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
6.2 NAME	ALLEN B. GRAHAM
6.3 STREET ADDRESS	41 HUDSON CLUB
6.4 CITY-ST-ZIP	RIGAUD, QUEBEC, J0P 1P0

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)