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Jan 23 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 # F94000001379 (6)

1. Corporation Name

WINFAIR HOSPITALITY MANAGEMENT LIMITED CORPORATI
ON



Principal Place of Business

2085 HURONTARIO ST
SUITE 200
MISSISSAUGA, ONTARIO CANADA L5A 4G1

Mailing Address

2085 HURONTARIO ST
SUITE 200
MISSISSAUGA, ONTARIO CANADA L5A 4G1

3. Date Incorporated or Qualified

03/18/1994

3a. Date of Last Report

03/15/1996

2. Principal Place of Business

21 2085 HURONTARIO ST.

2a. Mailing Address

26 2085 HURONTARIO ST.

Suite, Apt. #, etc.

22 SUITE 200

Suite, Apt. #, etc.

27 SUITE 200

City & State

23 MISSISSAUGA, ONTARIO, CANADA

City & State

28 MISSISSAUGA, ONTARIO

Zip

24 L5A 4G1

Country

25 CANADA

Zip

29 L5A 4G1

Country

30 CANADA

4. FEI Number

NOT APPLICABLE

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

BRENES, SHARLENE
6100 BLUE LAGOON DR
SUITE 160
MIAMI FL 33126

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, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D YUEN, CLINTON
STREET ADDRESS 73 WOODRIVER STREET
CITY-ST-ZIP RICHMOND HILL ON

TITLE ☐ DELETE

NAME P WHITE, ROGER
STREET ADDRESS 1250 EGLINTON AVE E.
CITY-ST-ZIP NORTH YORK ONTARIO CANADA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SV
LAU, KENNETH KWOKCHEUN
2085 Hurontario Street, Suite 200,
Mississauga, Ontario, Canada, L5A 4G1

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAU, KENNETH KWOKCHEUN

JANUARY 8, 1997

(905) 803-8898

Date

Daytime Phone

0629776

CR2E034 (9/96)