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 # F94000003654 (0)

1. Corporation Name

WINFAIR AVIATION LIMITED CORPORATION

Principal Place of Business	Mailing Address
SUITE 200 2085 HURONTARIO STREET MISSISSAUGA ONTARIO L5A 4G1	SUITE 200 2085 HURONTARIO STREET MISSISSAUGA ONTARIO L5A 4G1

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: **07/13/1994**

3a. Date of Last Report: **02/16/1995**

4. FEI Number: **51-0350825** ☐ 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

~~DONATO, ANTHONY~~
~~HANGAR 17, FT LAUDERDALE EXEC. AIRPORT~~
~~5500 NW 21ST TERRACE~~
~~FT LAUDERDALE FL 33309~~

10. Name and Address of New Registered Agent

81 Name: SHARLENE BRENKUS
82 Street Address (P.O. Box Number is Not Acceptable): 6100 Blue Lagoon Drive
83 Suite 160
84 City: Miami FL 85 Zip Code 33126

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] Sharlene Brenkus — March 5, 1996
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	PSTD	☑ DELETE
NAME	TSE, CHARLES DR	
STREET ADDRESS	2045 LAKESHORE BLVD WEST, APT 803	
CITY-ST-ZIP	TORONTO ONTARIO M8V 2Z6	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	☑ Change ☐ Addition
1.2 NAME	CAROE, LAURENCE CHARLES	
1.3 STREET ADDRESS	Suite 200, 2085 Hurontario Street,	
1.4 CITY-ST-ZIP	Mississauga, Ontario, Canada, L5A 4G1.	
2.1 TITLE	D	☑ Change ☐ Addition
2.2 NAME	BRENKUS, Sharlene	
2.3 STREET ADDRESS	6100 Blue Lagoon Drive, Suite 160	
2.4 CITY-ST-ZIP	Miami, Florida, 33126.	
3.1 TITLE	Executive Vice-President	☐ Change ☑ Addition
3.2 NAME	ELLIS, BARRY	
3.3 STREET ADDRESS	4040 N.E. 17th Avenue,	
3.4 CITY-ST-ZIP	Fort Lauderdale, Florida, 33334	
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		

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: [signature] LAURENCE CHARLES CAROE — March 4/96 — (905) 803-8898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #