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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J84947** **(7)**

1. Corporation Name
CMAI, INC.

Principal Place of Business	Mailing Address
C/O MARCIA KIGER 6915 RED ROAD S-228 CORAL GABLES FL 33143	C/O E.G. HILLIS, SOUTHAM INC. 1450 DON MILLS ROAD DON MILLS, ONTARIO, CANADA M3B2X

3. Date Incorporated or Qualified: 07/27/1987
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business
21 1450 Don Mills Road
Suite, Apt. #, etc.
22
City & State
23 Don Mills, Ontario
Zip 24 M3B 2X7 Country 25 Canada

2a. Mailing Address
26 Legal Dept. c/o Southam Inc.
Suite, Apt. #, etc.
27
City & State
28 Don Mills, Ontario
Zip 29 M3B 2X7 Country 30 Canada

4. FEI Number: 65-0204674 ☐ 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
GUTIERREZ, JORGE
C/O KIRKPATRICK & LOCKHART
201 SOUTH BISCAYNE BOULEVARD 20TH FLOOR
MIAMI FL 33131-2399

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
Signature required when reinstating (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP THOMAS, HUW 1450 DON MILLS ROAD DON MILLS ON ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President J. David Dodd 1450 Don Mills Road Don Mills, Ontario M3B 2X7	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORDEN, BEVERLY A 1450 DON MILLS ROAD DON MILLS ON ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Treasurer Claire Lanctot 1450 Don Mills Road Don Mills, Ontario M3B 2X7	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAIG, JOHN G 1450 DON MILLS RD DON MILLS ON ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MACKENZIE, J. BLAIR 1450 DON MILLS ROAD, DON MILLS , ONTARIO CANDA M3B 2X7 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director, Secretary J. Blair Mackenzie 1450 Don Mills Road Don Mills, Ontario M3B 2X7	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: J. B. Mackenzie **J. Blair Mackenzie** **Feb. 28, 1997** **416-442-2929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #