

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J84947** (7)
1. Corporation Name
CMAI, INC.

Principal Place of Business 1450 DON MILLS RD 6915 RED ROAD S-228 DON MILLS ON M3B 2-7 US	Mailing Address C/O SOUTHAM INC LEGAL DEPT DON MILLS, ONTARIO, CANADA M3B2X US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/27/1987	
4. FEI Number 65-0204674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6915 Red Road, S-228 Suite, Apt. #, etc. 22 City & State 23 Coral Gables, Fla. Zip 24 33143		2a. Mailing Address 26 1450 Don Mills Road Suite, Apt. #, etc. 27 Southam Inc./Legal Dept. City & State 28 Don Mills, Ontario Zip 29 M3B 2X7 Country 30 Canada	
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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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODD, J. DAVID	1.2 NAME	
STREET ADDRESS	1450 DON MILLS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DON MILLS ON	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCOT, CLAIRE	2.2 NAME	
STREET ADDRESS	1450 DON MILLS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DON MILLS ON	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENZIE, J. BLAIR	3.2 NAME	
STREET ADDRESS	1450 DON MILLS ROAD, DON MILLS, ONTARIO	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANDA M3B 2X7	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

J. Blair Mackenzie
J. Blair Mackenzie

(416) 445-2929

CR2E034 (10/97)