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 # **L57311** **(7)**

1. Corporation Name

NOLITOURS VACANCES, INC.

Principal Place of Business

% RICHARD C. ENTIN, P.A.
8411 W. OAKLAND PARK BLVD
SUNRISE FL 33351

Mailing Address

101 SOUTH ATLANTIC BLVD
SUITE 203
FT. LAUDERDALE FL 33316
US

2. Principal Place of Business

21 _____
Suite, Apt. #, etc.
22 _____
City & State
23 _____
Zip 24 _____ Country 25 _____

2a. Mailing Address

26 **101,South Atlantic blvd**
Suite, Apt. #, etc.
27 **suite 205**
City & State
28 **Fort-Lauderdale,FL,33316**
Zip 29 _____ Country 30 _____

3. Date Incorporated or Qualified: **03/15/1990**

3a. Date of Last Report: **03/02/1995**

4. FEI Number: **65-0259093** ☐ 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

ENTIN, RICHARD C.
8411 W OAKLND PARK BLVD
SUNRISE FL 33351

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, Type or Print Name of Registered Agent & Title, if applicable — Date Registered Agent Executes Report (Required by law)

12. OFFICERS AND DIRECTORS

TITLE	D P.	☐ DELETE
NAME	GHORAYEB, SAM	
STREET ADDRESS	1118 ST. CATHERINE W 300	
CITY-ST-ZIP	MONTREAL, QUEBEC	
TITLE	P C.M.	☐ DELETE
NAME	BISAILLON, YVON	
STREET ADDRESS	6361-4 BAY CLUB DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	☐ DELETE
NAME	LEGAULT, FRANCOIS	
STREET ADDRESS	300 LEO PARIZEAU	
CITY-ST-ZIP	MONTREAL QUE CA	
TITLE	D	☑ DELETE
NAME	SUREAU, PHILIPPE	
STREET ADDRESS	300 LEO PARIZEAU	
CITY-ST-ZIP	MONTREAL QU	
TITLE	D A.D.	☑ DELETE
NAME	CARON, GERALD	
STREET ADDRESS	300 LEO PARIZEAU	
CITY-ST-ZIP	MONTREAL QU	
TITLE	D	☑ DELETE
NAME	EUSTACHE, JEAN MARC	
STREET ADDRESS	300 LEO PARIZEAU	
CITY-ST-ZIP	MONTREAL QU	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☑ Change ☐ Addition
1.2 NAME	GHORAYEB,SAM	
1.3 STREET ADDRESS	796 Cote Ste Catherine,	
1.4 CITY-ST-ZIP	Montreal,PQ,CANADA, H3T 1A7	
2.1 TITLE	D	☑ Change ☐ Addition
2.2 NAME	BISAILLON,YVON	
2.3 STREET ADDRESS	6463-4 Bay Club Drive,	
2.4 CITY-ST-ZIP	Fort-Lauderdale,FL, 33308	
3.1 TITLE	STD	☑ Change ☐ Addition
3.2 NAME	LEGAULT,FRANCOIS	
3.3 STREET ADDRESS	720 Antonine Maillet	
3.4 CITY-ST-ZIP	Outremont,PQ, CANADA, H2V 2V5	
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)(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: Yvon Bisaillon - Director. APR.C.5.96 454-769-8127.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

YVON BISAILLON DIRECTOR