

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 APR 26 AM 10:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # M83069 (8)**

1. Corporation Name  
**NORTH AMERICAN ACQUISITION CORP.**

Principal Place of Business: **1645 PALM BEACH LAKES BLVD., SUITE 420 WEST PALM BEACH FL 33401-2213**

Mailing Address: **2851 JOHN STREET SUITE ONE MARKHAM ON L3R 5-7 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: **2401 PGA Blvd., Suite, Apt. #, etc. 168 Palm Beach Gardens FLA**

2a. Mailing Address: **2851 JOHN STREET SUITE ONE MARKHAM ON L3R 5-7 US**

23. City & State: **Palm Beach Gardens FLA**

24. Zip: **33410** 25. Country: **USA** 29. Zip: **L3R 5R7** 30. Country: **CANADA**

3. Date Incorporated or Qualified: **05/27/1988** 3a. Date of Last Report: **02/21/1994**

4. FEI Number: **98-0009893** 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:  
**WEINER, DAVID  
1400 CENTREPARK BLVD.  
SUITE 1000  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent:

B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 \_\_\_\_\_  
B4 City: \_\_\_\_\_ B5 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, JOHN W.S.	1.2 NAME	
STREET ADDRESS	2851 JOHN ST., SUITE ONE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARKHAM, ONT., CAN.	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, PETER	2.2 NAME	
STREET ADDRESS	2851 JOHN ST., SUITE ONE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARKHAM, ONT., CAN.	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, ROBERT S	3.2 NAME	
STREET ADDRESS	2851 JOHN ST., SUITE ONE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARKHAM, ONT., CAN.	3.4 CITY-ST-ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, even in an attachment with an address.

SIGNATURE: **Robert S. Green** DATE: **April 11, 95** (905) 477-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR