

**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 # M83069 (8)**

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



Principal Place of Business: **2401 PGA BLVD SUITE 168 PALM BEACH GARDENS FL 33410 US**  
Mailing Address: **2851 JOHN STREET SUITE ONE MARKHAM ON L3R 5-7 US**

3. Date Incorporated or Qualified: **05/27/1988**  
3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **98-0009893**  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

**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**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and then applicable to:

(NOTE: Registered Agent Signature required when reinstating)

DATE

**OFFICERS AND DIRECTORS**

12. OFFICERS AND DIRECTORS  
TITLE: **PD** [ ] DELETE  
NAME: **PRESTON, JOHN W.S.**  
STREET ADDRESS: **2851 JOHN ST., SUITE ONE**  
CITY - ST - ZIP: **MARKHAM, ONT., CAN.**  
TITLE: **VD** [ ] DELETE  
NAME: **COHEN, PETER**  
STREET ADDRESS: **2851 JOHN ST., SUITE ONE**  
CITY - ST - ZIP: **MARKHAM, ONT., CAN.**  
TITLE: **SD** [ ] DELETE  
NAME: **GREEN, ROBERT S**  
STREET ADDRESS: **2851 JOHN ST., SUITE ONE**  
CITY - ST - ZIP: **MARKHAM, ONT., CAN.**  
TITLE: [ ] DELETE  
NAME: [ ] DELETE  
STREET ADDRESS: [ ] DELETE  
CITY - ST - ZIP: [ ] DELETE  
TITLE: [ ] DELETE  
NAME: [ ] DELETE  
STREET ADDRESS: [ ] DELETE  
CITY - ST - ZIP: [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE: [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE: [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
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

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 checked, or on the attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 8/96* (905) 477-9200  
Date Day, Time Phone #

CR2E034 (12/95)