	FILE NOW: FILI	NG FEE IS \$61	25	<u></u>	
(NONPROFIT			_	
			Mortham of State		
	1996 Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # N15306 (6)				-1	
1. Corporation Name CANADIAN AMERICAN BUSINESS ASSOCIATION, INC.					
CANADIAN AMERICAN DUSINESS ASSOCIATION, INC.					111 0 1011 0 1011 0 1011 0 1011 0 1011 0 1011
Principal Place of Business Mailing Address					
933 LEE RD SUITE 400 ORLANDO FL 32810		933 LEE RD SUITE 400			
	52010	ORLANDO FL 32810		3. Date Incorporated or Qualified 06/10/1986	3a. Date of Last Report 05/01/1995
2. Principal Pl	face of Business	2a. Mailing Address 26	·····	4. FEI Number 59-2954907	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Regulard
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country	Zip	Country	8. This corporation has liability for inte	angible tax under s. 199.032,
24	25 9. Name and Address of Current		<u>o]</u>	Florida Statutes	Yes VNO
81 Name					
RICHART, JOANNE C/O SOUTHEASTERN INVESTMENT PROPERTIES					
933 LEE RD., SUITE 400 83					
ORLANDO FL 32810 Ref City Ref Zip Code					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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					
tarminiar with, and accept the obligators of, Section 617,0005, Portoa Statutes.					
	Signature, typed or printed name of registered agent a		legistered Agent signature required	when reinstating)	DATE
12. TITLE	OFFICERS AND		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
NAME	RICHART, JOANNE	_	1.2 NAME		
STREET ADDRESS	933 LEE RD #400		1.3 STREET ADDRESS		E037
CITY-ST-ZIP TITLE	ORLANDO FL VD		1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	JOHNSON, D P		2.2 NAME		
STREET ADDRESS	635 W MICHIGAN		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ORLANDO FL SD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		
NAME	POMERANTZ, SUSAN		3.2 NAME		Change 🛄 Addition
STREET ADDRESS	3419 TRENTWOOD BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ORLANDO FL TD		3.4. CITY-ST-ZIP		
NAME	PATEL, VIPUL		4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS	200 S ORANGE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE NAME		DELETE	5.1 TIFLE		Change 🔲 Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change 🔲 Addition
NAME STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CiTY - ST - ZIP		
14. I do hereby certify that			d and does not qualify for	the exemption stated in Section 119.07(
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: Joanne Nichard Upil 23, 1996 407-647-					