1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000000920

1. Corporation Name

CANADIAN AMERICAN CLUB, INC.

Principal Place of Business 2460 S.W. 51ST ST. FT LAUDERDALE FL 33312

Mailing Address

2460 S.W. 51ST ST. FT LAUDERDALE FL 33312

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90023 046 ****61.25

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Principal Place of Business 2a. Mailing Address					3. Date incorporated 02/15/1993	or Qualifed			
26		26							
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number			ied For	
27					NOT APPLICA	BLE		Applicable	
City & State City & State					5. Certificate of Status Desired		\$8.75 Ac Fee Req		
			Country		6. Election Campaign	Financing	\$5.00 N	lav Be	
24	25 29 30				Trust Fund Contribution Added to Fees				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
ADDING OF PAINT				82 Street Address (P.O. Box Number is Not Acceptable)					
EN OIRT, CELINEIT				52 Street Address (P.O. Box Number is Not Acceptable)					
2460 S.W. 51ST ST.									
FT LAUDERDALE FL 33312				84 City 85 Zip Code					
Į.				City		F <u>L</u>			
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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
office or re agent. Fai	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	Statutes.	ine corpora	ACCITO DOGICO OF GIRDOLOVIST TO	5.55) Barapa ana appan			
SIGNATURE	Come Sel	mint chi	EMEN	7 L1	POINT wed when rainstating)	MARCH	15,1	999	
	Signature, typed or printed name of registered agent			t signature requ	ared when reinstating)	GES TO OFFICERS AN	n DIRECTOR	2S IN 12	
12.	OFFICERS AND		13.		7 ADDITIONS/CHAIN	JES TO OTT ICENS AIT	Change	Addition	
TITLE	P	₩ DELETE	1.1 TITLE	<u>.</u>	ORRIVERU	DESTE	- change	- 100/100/	
NAME	BUTEAU, MICHELINE		12 NAME	1		っ デルー・ノエベベト			
STREET ADDRESS				ADDRESS			210		
CITY-ST-ZIP	FT LAUDERDALE FL 33312	LAODE I DALE I E GOOTE		·ZIP /	FI LAUDERO	44 A 33	Change	☐ Addition	
TITLE	1		21 TITLE				Change		
NAME	LAPOINTE, CLEMENT		22 NAME						
STREET ADDRESS	2400 0.11. 5101 01.		23 STREET						
CITY-ST-ZIP	1 LAUDENDALL 1 L 00012		2. 4 CITY-S	T- ZIP			Change	Addition	
TITLE	D	☐ DELETE	3 1 TITLE				change		
NAME	FERLAND, MICHELINE		32 NAME						
STREET ADDRESS	40 () 4 () 		3.3 STREET						
CITY-ST-ZIP	FT LAUDERDALE FL 33312	C severe	34 CITY-S 41 TITLE	T- ZIP	0		Change	Addition	
TITLE	VP	/r			P. Filion Yoll	WAF	M Change	☐ • «doinoti	
NAME	FILION, YOLANDE		4 2 NAME		2151 SW 52	NO ST.			
STREET ADDRESS	2151 SW 52ND ST		4 3 STREET	ADDRESS	L15 1 3 V7 3 L	دو و م	2		
CITY-ST-ZIP	FT LAUDERDALE FL	B DELETE	4.4 CITY-S	- ZIP	FF LAUDERD	<u> </u>		Addition	
TITLE	D	DELETE	51 TITLE 52 NAME	1	J TURCUTTE	Nicois	□ ounde	. 100111011	
NAME	ST.PIERRE, LISE			ADDDEES	5315 S.W 2	ATH STREE	<i>T</i>		
STREET ADDRESS	3039 51ST STREET		53 STREET						
CITY-ST-ZIP	FT LAUDERDALE FL 33312	Closuste	54 CITY-S' 61 TITLE	- ZIP	FT LAUDER L	IALK SS	Channe	☐ Addition	
TITLE	D	☐ DELETE	6.2 NAME		VII SIROIS BER 3035 SW 52	TRANO	es onange		
NAME	SIROIS, BERTRAND		6.3 STREET	ADDDESS .	2025 SW 51	STREET			
STREET ADDRESS	3035 SW 52 STREET		64 CITY-S		FT LAUDERDA				
CITY-ST-ZIP	FT LAUDERDALE FL 33312	-	04 0117-5	1-212	FI LAVULKUA	LR			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 15 1999

454-983-7637