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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # P08909

1. Corporation Name

CANADIAN HOLIDAYS (USA), INC.

Principal Place of Business / Mailing Address

2800, 700 - 2nd Street S.W.
Calgary, Alberta
CANADA T2P 2W2

2. Principal Place of Business 21	2a. Mailing Address 26
Suite Apt. # etc. 22	Suite Apt. # etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 01/31/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2626162 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: [X] **$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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
110 North Magnolia Street
Tallahassee, Florida 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, ERROL	12 NAME	
STREET ADDRESS	4221 Marble Thorne Court	13 STREET ADDRESS	
CITY-ST-ZIP	Mississauga, Ontario L4W 2H9	14 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	DICKINSON, CARL	22 NAME	
STREET ADDRESS	35 Van Every	23 STREET ADDRESS	
CITY-ST-ZIP	Kirkland, Quebec H9J 2S2	24 CITY-ST-ZIP	
TITLE	VPS ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LEPHOLTZ, DENNIS	32 NAME	
STREET ADDRESS	1364 Pear Tree Circle	33 STREET ADDRESS	
CITY-ST-ZIP	Oakville, Ontario L6M 2J2	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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***208.75

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)(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 changed, or on an attachment with an address.

SIGNATURE: _____ March 7, 1996 416-620-8083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DENNIS E. LEPHOLTZ