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PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
98 APR 22 AM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08909

1. Corporation Name

WORLD OF VACATIONS (USA) INC.

Principal Place of Business	Mailing Address
191 The West Mall 600 Etobicoke, ON M9C 5K8 Canada	191 The West Mall 600 Etobicoke, ON M9C 5K8 Canada

3. Date Incorporated or Qualified: 01/31/86
3a. Date of Last Report: 02/14/97

2. Principal Place of Business
21 191 The West Mall
Suite, Apt. #, etc.: 22 600
City & State: 23 Etobicoke
Zip: 24 M9C 5K8 Country: 25 Canada

2a. Mailing Address
26 191 The West Mall
Suite, Apt. #, etc.: 27 600
City & State: 28 Etobicoke
Zip: 29 M9C 5K8 Country: 30 Canada

4. FEI Number: 59-2626162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$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

United States Corporation Company
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 200002501862--1 -04/27/98--01133--024 ****173.75
84 City ****173.75 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 _____ (Signature, typed or printed name of individual & capacity - see instructions if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President FRANCIS, ERROL 4221 Marble Thorne St. Mississauga, ON., L4W 2J2	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Operations DICKINSON, CARL 772 Saginaw Parkway Cambridge, ON N1T 1V6	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Finance & Corp. Secretary LEPHOLTZ, DENNIS 1364 Peartree Crcl. Oakville, ON., L6M 2J2	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition SC 4-23-98
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis Lepholtz apil 20/98 416-620-8083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR