

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

MAY 1 1995 AM 9:57

DOCUMENT # **L08620** (1)

1. Corporation Name
AMERIFAX CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

7709 W 20 AVE
HIALEAH FL 33014
US

3. Mailing Address

7709 W 20 AVE
HIALEAH FL 33014
US

(SEE FEES WRTN IN THIS SPACE)

3. Date Incorporated or Qualified **08/10/1989**
3a. Date of Last Report **05/12/1994**

4. FEI Number **65-0139073**
Applied For
Not Applicable

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 filed a consolidated tax under C, S, or E Yes No
Florida Statutes Yes No

2. Principal Place of Business

21 State Act # of

26. Mailing Address

26 State Act # of

22 City & State

27 City & State

23

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9. Name and Address of Current Registered Agent

**ADAIR, LARRY
13925 NW 60TH AVE
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

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

11. I, the undersigned, being a resident qualified person, do hereby certify that I am a resident of Florida; that I am not a partner, officer, director, or agent of any corporation, partnership, or other unincorporated firm, or an individual, who is a resident of Florida and who is not a resident of Florida; and that I am not a partner, officer, director, or agent of any corporation, partnership, or other unincorporated firm, or an individual, who is a resident of Florida and who is not a resident of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|------------------|-----------|--------------------------|
| NAME | P | ABBATE, FLORIO |
| Street Address | | 2690 WALKERS WAY |
| City, State, Zip | | FT. LAUDERDALE FL |
| NAME | V | ALOI, FRANK |
| Street Address | | 7441 NW 6TH ST. |
| City, State, Zip | | PLANTATION FL |
| NAME | TS | HAMILTON, BARCLAY |
| Street Address | | 19447 NW 62 AVE. |
| City, State, Zip | | MIAMI FL |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

| | | | |
|------------------|--|--|--|
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| Street Address | | | |
| City, State, Zip | | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | | |
| Street Address | | | |
| City, State, Zip | | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | | |
| Street Address | | | |
| City, State, Zip | | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | | |
| Street Address | | | |
| City, State, Zip | | | <input type="checkbox"/> Change <input type="checkbox"/> Add |

14. I, the undersigned, certify that the information reported with this document is true and correct, and I am not a partner, officer, director, or agent of any corporation, partnership, or other unincorporated firm, or an individual, who is a resident of Florida and who is not a resident of Florida; and that I am not a partner, officer, director, or agent of any corporation, partnership, or other unincorporated firm, or an individual, who is a resident of Florida and who is not a resident of Florida.

SIGNATURE: *Breakey Hamcrow* Breakey Hamcrow 1/24/95 305 828 1701
DIRECTOR AND EMPLOYED PART OF RECORDS OFFICER OR DIRECTOR