

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

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P94000033155 (0)**

1. Corporation Name

**AMERIFLIGHT CORPORATION**

Principal Place of Business

12455 S.W. 93RD TERRACE  
T-104  
MIAMI FL 33186

Mailing Address

12455 S.W. 93RD TERRACE  
T-104  
MIAMI FL 33186

APPROVED  
AND  
FILED

95 APR 27 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/25/1994</b>	3a. Date of Last Report <b>NA</b>
4. FEI Number <b>65-0487393</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for litigation tax under Section 109.022, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 P.O. Box 161882
22 City & State	27 City & State
23 City & State	28 Miami, FL
24 Zip	25 Locality
29 33116-1882	30 Locality

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KEENAN, JOSEPH E</b> <b>12455 S.W. 93RD TERRACE</b> <b>T-104</b> <b>MIAMI FL 33186</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

11. Pursuant to the provisions of Sections 607 (2)(2) 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1. TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENAN, JOSEPH E	1. NAME	KEENAN, JOSEPH E.
STREET ADDRESS	12455 S.W. 93RD TERRACE, T-104	1. STREET ADDRESS	12455 SW 93rd Terrace, T-104
CITY, ST, ZIP	MIAMI FL 33186	1. CITY, ST, ZIP	Miami FL 33186
TITLE		2. TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	KEENAN, MARIA E.
STREET ADDRESS		2. STREET ADDRESS	12455 SW 93rd Terrace, T-104
CITY, ST, ZIP		2. CITY, ST, ZIP	Miami, FL 33186
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Sections 11107(2)(b), Florida Statutes. I further certify that the information included in 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 receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment, with an address.

SIGNATURE:  **JOSEPH E. KEENAN, PRESIDENT** 4-23 95 (365) 279-7974 x4