

**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

DOCUMENT # **P94000033155 (0)**

1. Corporation Name  
**AMERIFLIGHT CORPORATION**



Principal Place of Business: 12455 S.W. 93RD TERRACE T-104 MIAMI FL 33186  
Mailing Address: P.O. BOX 161882 T-104 MIAMI FL 33116-1882 US

3. Date Incorporated or Qualified: 04/25/1994  
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business: 21 7103 SW 115th Place Suite, Apt. #, etc. 22 Unit D City & State 23 Miami, FL Zip 24 33173 Country 25 USA  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number: 65-0487393 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 liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
KEENAN, JOSEPH E  
12455 S.W. 93RD TERRACE  
T-104  
MIAMI FL 33186

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 7103 SW 115th Place  
84 Unit D City  
85 Miami FL Zip Code 33173

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] PRESIDENT DATE: 4/27/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEENAN, JOSEPH E	
STREET ADDRESS	12455 S.W. 93RD TERRACE, T-104	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KEENAN, MARIA E.	
STREET ADDRESS	12455 SW 93RD TERRACE, T-104	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KEENAN, JOSEPH E.	
1.3 STREET ADDRESS	7103 SW 115th Place, #D	
1.4 CITY-ST-ZIP	Miami, FL 33173	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KEENAN, MARIA E.	
2.3 STREET ADDRESS	7103 SW 115th Place, #D	
2.4 CITY-ST-ZIP	Miami, FL 33173	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(b), 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 checked, or on an attachment with an address.

SIGNATURE: [Signature] JOSEPH E. KEENAN DATE: 4/27/96

CR2E034 (12/95)

(95) 279-7974  
SG 5-6-96