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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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
7103 SW 115 PL
UNIT D
MIAMI FL 33173

Mailing Address
7103 SW 115 PL
UNIT D
MIAMI FL 33173-1840

3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 05/06/1996
4. FEI Number 65-0487393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 8830 SW 196 DR	Suite, Apt. #, etc. 27 P.O. BOX 161892
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33157	Country 25 USA
Zip 29 33116	Country 30 USA

9. Name and Address of Current Registered Agent
KEENAN, JOSEPH E
7103 SW 115 PL
UNIT D
MIAMI FL 33173

10. Name and Address of New Registered Agent
81 Name KEENAN, JOSEPH E.
82 Street Address (P.O. Box Number is Not Acceptable)
8830 SW 196 DR.
83
84 City MIAMI FL 85 Zip Code 33157

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: JOSEPH E. KEENAN (Signature) DATE: 4-26-97

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD KEENAN, JOSEPH E	<input type="checkbox"/>
NAME	7103 SW 115 PL UNIT D	
STREET ADDRESS	MIAMI FL 33173	
CITY - ST - ZIP		
TITLE	S KEENAN, MARIA E.	<input type="checkbox"/>
NAME	7103 SW 115 PL UNIT D	
STREET ADDRESS	MIAMI FL 33173	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	PD KEENAN, JOSEPH E.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	8830 SW 196 DR.		
1.3 STREET ADDRESS	MIAMI, FL 33157		
1.4 CITY - ST - ZIP			
2.1 TITLE	S KEENAN, MARIA E.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	8830 SW 196 DR.		
2.3 STREET ADDRESS	MIAMI, FL 33157		
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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: JOSEPH E. KEENAN, PRESIDENT (Signature) DATE: 4/26/97 305-870-4570

CR2E034 (9/96)