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PROFIT CORPORATION ANNUAL REPORT

1997

FAXMATIC, INC.

DOCUMENT # S67522



LLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

FILED Apr 15 1997 8:00am Secretary of State

cipal Place of Business	Mail ng Address	 							

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Principal Place	e of Business	Mailing Address			· • • • • • • • • • • • • • • • • • • •	
779 N.E. 119TH BISCAYNE PAR		779 N.E. 119TH ST. BISCAYNE PARK FL 3316	1-6358			
					3. Date Incorporated or Qualified 07/19/1991	3a. Date of Last Report 04/23/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0272030	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional
22		27			G. Certificate of changs besided	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	1		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	atry	8. This corporation has liability for in	
24	25	[29]]30]		Florida Statutes 10. Name and Address of New Reg	Yes No
	9. Name and Address of Curren	it Hegistered Agent		81 Name	10. Name and Address of New Het	Instered Agent
	ARDO, ROBERTO E.			TVENTIC:		
	N.E. 119TH ST.			82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
BISC	CAYNE PARK FL 33161			83		
				03		
				84 City		FL 85 Zip Code
44 0	the state of the s	o 4 007 47 00 florido Piolad	[المصافحة	l	veralize subspite the statement for the p	
office or re agent. Lar	o the provisions of Sections 607 050 egistered agent, or both, in foe State m familiar with, and accept the oblig-	of Florida Such change was alions of, Section 607.0505, Fl	aulhorize orida Stat	by the corporatutes.	oration submits this statement for the p tion's board of directors. Thereby accep	t the appointment as registered
SIGNATURE						DATI
12.	Signature: typed or proved name of required age OF LICERS AN		I 13.	Agert signature requir	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELTE	11 1	<u></u> [Change Addition
NAME	ESCARDO, ROBERTO E.		12 N/			
STREET ADDRESS	779 N.E. 119TH ST		l	REEL ADDRESS		
CITY-ST-ZIP	BISCAYNE PARK FL			Y - S1 - ZiP		
TITLE	P	DELLIF	2110			Change Addition
NAME	TASSINO, ANA M		2 2 N	ME		
STREET ADDRESS	779 NE 119TH ST		23.51	RLET ADDRESS		
CITY-ST-ZIP	BISCAYNE PARK FL			1Y - \$1 - ZIP		
TITLE	DIOCHTITE THAT TO	DELFTE	3110			Change Addition
NAME			3.2 N/	Mi		
STREET ADDRESS			3 3 51	REE: ACORESS		
CITY-SI-ZIP			34.0	1Y+S'+ZIP		
TITLE		DETETE	4111			Change Addition
NAME			4. 2 N	/MI		İ
STREET ADDRESS			4.3 \$1	RELITADURESS		
CITY-ST-ZIP			4.4.CI	IY-SI-7IP		
TITLE		□ DELETE	5.1 10			Charige Addition
NAME			5 2 N	.MI		
STREET ADDRESS			5383	RELEADORESS		
CITY-ST-ZIP				IY-ST ZIF		
TITLE		DITETE	6171	· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME			62 N	ME		
STREET ADDRESS				REEL ADORESS		
				1Y - \$1 - 20P		
CITY-ST-ZIP		and the second s		overestion delega	d in Section 110 07/9/(i) Herida Statutor	- I further portify that the

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Horida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

04/09/27

Pose 842 - 14.53