

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

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MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F71906** (4)

1. Corporation Name
KORPAX, INC.

Principal Name of Business: **% YITZHAK NATIV**
10556 N.W. 26 ST., STE 203
MIAMI FL 33172

Mailing Address: **% YITZHAK NATIV**
10556 N.W. 26 ST., STE 203
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/10/1982** 3a. Date of Last Report: **05/01/1994**

2. Principal Name of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2204237	Not Applicable
State, Apt # etc.	State, Apt # etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Director Campaign Financing Trust Fund Contributions	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	23	28
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

NATIV, YITZHAK
10556 N.W. 26 STREET, STE 203
MIAMI FL 33172

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.01(5)(b) and 607.15(9), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, as the case may be. 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 Sections 607.01(5)(b) and 607.15(9), Florida Statutes.

SIGNATURE: *[Signature]* **YITZHAK NATIV S/T** May 16, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CORPORATE OFFICERS AND DIRECTORS (N/A)	
1. TITLE	P	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	SARAGOVIA, EFRAIM	2. NAME	
3. STREET ADDRESS	10556 N.W. 26 ST., #203	3. STREET ADDRESS	MIAMI FL 33172
4. CITY & STATE	MIAMI FL	4. CITY & STATE	
5. TITLE	VP	5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	ZARAGOVIA, ANGELO	6. NAME	
7. STREET ADDRESS	10556 N.W. 26 ST., #203	7. STREET ADDRESS	MIAMI FL 33172
8. CITY & STATE	MIAMI FL	8. CITY & STATE	
9. TITLE	ST	9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	NATIV, YITZHAK	10. NAME	
11. STREET ADDRESS	10556 N.W. 26 ST., #203	11. STREET ADDRESS	MIAMI FL 33172
12. CITY & STATE	MIAMI FL	12. CITY & STATE	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY & STATE		20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and equally for the purposes stated in Section 607.01(5)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if each member of the board of directors or officer of the corporation or the receiver or trustee or liquidator were to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or on an attachment with my address.

SIGNATURE: **YITZHAK NATIV S/T** *[Signature]* **MAY 16, 95** 305-599-8560