FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 9:07

DOCUMENT # L88752 (5)

1. Corporation Name
INTELFAX, INC.

Principal Place of Business	Mailing Address
8525 NW 53RD TERRACE SUITE 100 MIAMI FL 33166 US	8525 NW 53RD TERR SUITE 100 MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: County 25:
Zip 29: County 30:

4. FEI Number: 65-0208540 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEMS
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☐ Change ☐ Addition
NAME	FIORE, FRANK A.	12 NAME	FIORE, FRANK A.
STREET ADDRESS	7559 NW 70TH ST	13 STREET ADDRESS	7559 NW 70th st.
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, Fl 33166
TITLE	VSD	21 TITLE	SD ☐ Change ☐ Addition
NAME	WOLCKENHAUER, KENNETH J.	22 NAME	FIORE, CLAUDIA P.
STREET ADDRESS	4870 WINKFIELD WAY	23 STREET ADDRESS	7559 NW 70th st.
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP	Miami, Fl 33166
TITLE	TD	31 TITLE	TD ☐ Change ☐ Addition
NAME	CANAS, ANTONIO	32 NAME	ENTIHAR, HATT
STREET ADDRESS	7559 NW 70TH ST	33 STREET ADDRESS	11101 NW 18th PL.
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Pembroke Pines, Fl 33026
TITLE	D	41 TITLE	D ☐ Change ☐ Addition
NAME	BARRIOS, LEONEL M.	42 NAME	VASQUEZ, Julio
STREET ADDRESS	APARTADO 576	43 STREET ADDRESS	SANTO DOMINGO
CITY-ST-ZIP	SAN JOSE, COSTA RICA	44 CITY-ST-ZIP	DOMINICAN Republic.
TITLE	D	51 TITLE	D ☐ Change ☐ Addition
NAME	LIEUW, PAUL LUCIEN MARIE	52 NAME	ROCHA, Aurelio
STREET ADDRESS	KAYA KREWCHI 10	53 STREET ADDRESS	9159 SW 77th Ave. #201
CITY-ST-ZIP	CURACAO, N.A.	54 CITY-ST-ZIP	Miami, Fl 33156
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 added on an attachment with an address.

SIGNATURE: _____ 5/31/95 (305) 944-9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181460 CP