

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 20 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 # P93000058923 (2)**  
 1. Corporation Name  
**FAX EXCHANGE, INC.**

Principal Place of Business  
~~9200 S DADELAND BLVD  
 SUITE 800  
 MIAMI FL 33156~~

Mailing Address *and Principal Place of Business*  
**3020 N.W. 7TH AVENUE (REAR)  
 MIAMI FL 33127-3624**



2. Principal Place of Business  
 21 ~~9200 S. Dadeland Blvd~~  
 Suite, Apt. #, etc.  
 22 ~~Penthouse Ste. 825~~  
 City & State  
 23 ~~Miami, Florida~~  
 Zip  
 24 ~~33156~~ Country  
 25 ~~Dade~~

2a. Mailing Address  
 26 ~~Same~~  
 Suite, Apt. #, etc.  
 27 ~~Same~~  
 City & State  
 28 ~~Same~~  
 Zip  
 29 ~~Same~~ Country  
 30 ~~Same~~

3. Date Incorporated or Qualified  
**08/23/1993**

3a. Date of Last Report  
**01/30/1996**

4. FEI Number  
**65-0476177** 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  
**O'LEARY, G. DAVID  
 9200 S. DADELAND BLVD.  
 SUITE 825  
 MIAMI FL 33126**

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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, ROBERT M	
STREET ADDRESS	9200 S DADELAND BLVD SUITE 825	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KING-BURKE, JEANNETTE <i>Jeannette</i>	
STREET ADDRESS	9200 S DADELAND BLVD SUITE 825	
CITY-ST-ZIP	MIAMI FL 33156	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PSTD KING-BURKE, JEANNETTE
2.3 STREET ADDRESS	9200 S. Dadeland Blvd, PH Ste. 825
2.4 CITY-ST-ZIP	Miami, Fla. 33156
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	300002200593
6.4 CITY-ST-ZIP	-06/04/97--01002--012 ***495.00

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 \_\_\_\_\_

CR2E034 (9/96)