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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 10 1997 8:00am Secretary of State

DOCUMENT # P9400024390 (4) 1. Corporation Name AJAX BUSINESS MACHINES, INC. Principal Place of Business 1000 NORTH MIAMI AVENUE MIAMI FL 33136-3515								
					3. Date incorporated or Qualified 03/29/1994	3a. Date of 04/09/1	Last Re 1996	port
	Place of Business	2a. Mailing Address			4. FEI Number 65-0492528		 -'-'	plied For
Suite, Ap	1 #, etc.	Suite, Apt. #, etc.	***************************************	***	5 Cartificate of Status Desired S8.75 Add		t Applicable additional	
City & Sta		City & State					Fee Re	
23	aue;	28			Election Campaign Financing Trust Fund Contribution		55.00 i Added to	
Zip 24	Country 25	Ζιρ 29	Count	ry	8. This corporation has liability for	intangible tax t		199.032,
	9. Name and Address of Currer	nt Registered Agent	8	1 Name	10. Name and Address of New Re	gistered Ager	it	
	Graner, Louis 1000 N. Miami Ave.							
MIAMI FL 33136			6	2 Street Ad	Address (P.O. Box Number is Not Acceptable)			
			8	3				
			8	4 City		FL B5	Zip C	ode
agent I SIGNATURE	Signature. Igned or printed name of registered ag				rporation submits this statement for the ation's board of directors. I hereby accelured when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE		
TITLE	OPS LOUIS D. ID	DELETE	1.1 TITU				Change	Addition
NAME STREET ADDRESS	GRANER, LOUIS P JR. 1000 NORTH MIAMI AVE.		1.2 NAM	E ET ADDRESS				
CHY-S1-ZIP	MIAMI FL 33138			-ST-ZIP				
TITLE	DT ASSURED ASSURED	☐ DELETE	21 TITL				Change	Addition
NAME	GRANER, ASSUNTA A 1000 NORTH MIAMI AVE.		2.2 NAM	ľ				
STREET ADDRESS City - St - Ziff	MIAMI FL 33136			ET ADDRESS (-St-ZIP				
TITLE		DELETE	3.1 TITL				Change	Addition
NAME			3.2 NAM					
STREET ADDRESS	S			ET ADDRESS				
CHY-ST-ZIF		DELETE	4.1 TITL	r-ST-ZIP	<u></u>		Change	Addition
NAME			4. 2 NAM	AE .				
STREET ADDRESS	5			ET ADDRESS				
CITY - ST - 74P TITLE		DELETE	4.4 CITY 5.1 TITLE	-ST-ZIP			Change	Addition
NAME		Land County	5.2 NAM	1				
STREET ADDRESS	s		5.3 STRE	EET ADDRESS				
CHY-ST-20			5.4 CITY				Obanco	1 1 1 1 1 1 1 1
TiTLE NAME		DELETE	6.1 TITLE			L	Change	Addition
NAME STREET ADDRESS	5		6.2 NAM 6.3 STRE	ET ADDRESS				
CITY+S1+ZIP				-ST-ZIP				
	all and the state of the state	and the state of time and a second			ed in Section 110 07/3Vi), Florida Statute	a I durbas sari	tife that i	

Too indepty certify that the mornisation supplied with this hing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. 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:

3-30-97 305-379-2702 Date Dayline Proce #