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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400024390

AJAX BUSINESS MACHINES, INC.

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90059 050 ***150.00



Principal Place	e of Business	Mailing Address				•			
•		-							
1000 NORTH N	2012 SAME (1200)	1000 NORTH MIAMI AVENUE			-				
MIAMI FL 3313	lb .	MIAMI FL 33136			. DO NOT	WRITE IN THIS S	PACE		
	90.44				3. Date Incorporated or Qua				1
	10 Mg (1995)				03/29/1994	ined			
2 Dringing D	lace of Business	2a. Mailing Address			4: FEI Number		ΙΔn	plied For	1
–	lace of Business	<u> </u>					 	•	1 3
21		26			65-0492528			t Applicable	1977
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	ed 🗆	\$8.75		9
22		27		<u> </u>				ند:quired	
City & State	e ·	City & State			6. Election Campaign Finance	cing 🗆	\$5.00	May Be	ļ
23		28			Trust Fund Contribution		Added t	to Fees]
Zip	Country	Zip	Counti	гу	8. This corporation owes the	current year Intan	gible		
24	25	29 30]		Personal Property Tax.		☐ Yes	⊠No	1
 l	9. Name and Address of Curren		'		10. Name and Address of N	ew Registered Ag	gent		1
	and a		8	1 Name			4		1
GRA	NER, LOUIS		L						1
	O N. MIAMI AVE.		8	2 Street Add	ress (P.O. Box Number is Not Ac	ceptable)			
	MI FL 33136		-			a i regional de Paris de la compansión d	· · · · · · · · · · · · · · · · · · ·	64 5 bost 154	-
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			8	4 City	# 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		85 Zip (Code	1
44. 11.						- 4h		ro mintornal	-
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida, Such change was autho	tne abo orized b	ve-named corp v the corporati	ooration submits this statement to on's board of directors. I hereby a	r the purpose of cr accept the appoint	nanging its ment as re	registered	
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Florida	Statute	es.	,				
	·								ı
SIGNATURE									l
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Rec	gistered Ag	jent signature require	ad when reinstating) to \$5.5.50	DATE		 	€
SIGNATURE		D DIRECTORS	gistered Ag	ent signature require	ad when reinstating) & \$\lambda_{\text{5.5.5.6}} ADDITIONS/CHANGES TO	OFFICERS AND			1/98)
					,ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTO	PRS IN 12	(11/98)
12.	OFFICERS AN	D DIRECTORS	13.	:	- LEAVE	OFFICERS AND			34 (11/98)
12	OFFICERS AN DPS GRANER, LOUIS P JR.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	: :	,ADDITIONS/CHANGES TO	OFFICERS AND			E034 (11/98)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN DPS GRANER, LOUIS P JR. 1000 NORTH MIAMI AVE. MIAMI FL 33136 DT	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE	EET ADDRESS -ST-ZIP	,ADDITIONS/CHANGES TO	OFFICERS AND			CR2E034 (11/98)
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14. I 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 with all other like empowered.

SIGNATURE:

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-99 Date 305 319-2702 Daytime Phone #