

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

FILED

May 15 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 # P94000033155 (0)

1. Corporation Name  
AMERIFLIGHT CORPORATION

Principal Place of Business

7103 SW 115 PL  
UNIT D  
MIAMI FL 33173

Mailing Address

7103 SW 115 PL  
UNIT D  
MIAMI FL 33173-1840



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 8830 SW 196 DR

23 City & State  
MIAMI, FL

24 Zip  
33157

25 Country  
USA

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 P.O. BOX 161892

28 City & State  
MIAMI, FL

29 Zip  
33116

30 Country  
USA

3. Date Incorporated or Qualified  
04/25/1994

3a. Date of Last Report  
05/06/1996

4. FEI Number

65-0487393

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

KEENAN, JOSEPH E  
7103 SW 115 PL  
UNIT D  
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name KEENAN, JOSEPH E.  
82 Street Address (P.O. Box Number is Not Acceptable)  
8830 SW 196 DR.  
83  
84 City MIAMI FL 85 Zip Code 33157

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: JOSEPH E. KEENAN

4-26-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEENAN, JOSEPH E	
STREET ADDRESS	7103 SW 115 PL UNIT D	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KEENAN, MARIA E.	
STREET ADDRESS	7103 SW 115 PL UNIT D	
CITY-ST-ZIP	MIAMI FL 33173	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KEENAN, JOSEPH E.	
1.3 STREET ADDRESS	8830 SW 196 DR.	
1.4 CITY-ST-ZIP	MIAMI, FL 33157	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KEENAN, MARIA E.	
2.3 STREET ADDRESS	8830 SW 196 DR.	
2.4 CITY-ST-ZIP	MIAMI, FL 33157	
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		
6.4 CITY-ST-ZIP		

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:

JOSEPH E. KEENAN, PRESIDENT

4/26/97

305-870-0570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)