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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 # P96000050319 (8)

1. Corporation Name

SMARTFAX, INC.

ULTRAFAX, INC.

Principal Place of Business

9200 S. DADELAND BLVD., #825  
MIAMI FL 33156

Mailing Address

9200 S. DADELAND BLVD., #825  
MIAMI FL 33156-2716



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

DELGADO, PEDRO P  
1320 SOUTH DIXIE HWY., STE. 220  
CORAL GABLES FL 33146

3. Date Incorporated or Qualified

06/10/1996

3a. Date of Last Report

4. FEI Number

Applied For

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

10. Name and Address of New Registered Agent

81 Name G. David O'Leary

82 Street Address (P.O. Box Number is Not Acceptable)  
9200 S. Dadeland Blvd.

83 Penthouse Ste. 825

84 City Miami

FL

85 Zip Code 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

4/21/97

12. OFFICERS AND DIRECTORS

TITLE P  
NAME BURKE, JEANNETTE K  
STREET ADDRESS 11830 SW 89 AVE.  
CITY-ST-ZIP MIAMI FL 33176

TITLE V  
NAME BURKE, ROBERT M  
STREET ADDRESS 11830 SW 89 AVE.  
CITY-ST-ZIP MIAMI FL 33176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME PSD  
1.3 STREET ADDRESS Burke, Robert M.  
1.4 CITY-ST-ZIP 9200 S. Dadeland Blvd., PH Ste 825  
Miami, FL 33156

2.1 TITLE TD  
2.2 NAME Burke, Robert M.  
2.3 STREET ADDRESS King-Burke, Jeannette  
2.4 CITY-ST-ZIP 9200 S. Dadeland Blvd., PH Ste 825  
Miami, FL 33156

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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.

CR2E034 (9/96)

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\*\*\*495.00