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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S48288** **(2)**

1. Corporation Name
AFB CORP.

Principal Place of Business	Mailing Address
3550 BISCAYNE BLVD. 604 MIAMI FL 33137 US	P.O. BOX 800052 AVENTURA FL 33280-0052 US

3. Date Incorporated or Qualified: **04/25/1991**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 2800 Biscayne Blvd.
Suite, Apt. #, etc
22 #530
City & State
23 Miami Florida
Zip 24 33137 Country 25 USA

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

4. FEI Number: **65-0259202** ☐ 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

LOPEZ, CARY O.
3550 BISCAYNE BLVD, SUITE 604
STE - 404
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: Lopez, Cary O.
82 Street Address (P.O. Box Number is Not Acceptable): 2800 Biscayne Blvd
83 Suite 530
84 City: Miami FL 85 Zip Code: 33137

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: Cary O. Lopez 3/11/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☐ DELETE	1.1 TITLE	CP ☒ Change ☐ Addition
NAME	LOPEZ, CARY O.	1.2 NAME	Lopez, Cary O.
STREET ADDRESS	21376 MARINA COVE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	
TITLE	T ☒ DELETE	2.1 TITLE	STD ☐ Change ☒ Addition
NAME	LOPEZ, CARY O.	2.2 NAME	Williams, Rosaline E.
STREET ADDRESS	21376 MARINA COVE CIRCLE	2.3 STREET ADDRESS	2800 Biscayne Blvd Suite #530
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	Miami, Fl 33137
TITLE	☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME		3.2 NAME	Forbes, Michael G.
STREET ADDRESS		3.3 STREET ADDRESS	2800 Biscayne Blvd Suite #530
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Fl 33137
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Cary O. Lopez Pres 3/11/97 (305) 571-9784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #