

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90011 048 ***150.00

DOCUMENT # S48288

1. Corporation Name
AFB CORP.



Principal Place of Business
2800 BISCAYNE BLVD
#530
MIAMI FL 33137
US

Mailing Address
P.O. BOX 800052
AVENTURA FL 33280-0052
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4598 Hiatus Road
Suite, Apt. #, etc.
22
City & State
23 Sunrise Florida
Zip Country
24 33351 25 USA 29 30

3. Date Incorporated or Qualified
04/25/1991
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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOPEZ, CARY O.
2800 BISCAYNE BLVD
STE 530
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name
Cary O. Lopez
82 Street Address (P.O. Box Number is Not Acceptable)
4598 Hiatus Road
83
84 City
Sunrise FL 85 Zip Code
33351

11. Pursuant to the provisions of Sections 607.05(2) 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
Cary O. Lopez

4/26/99

Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CP	LOPEZ, CARY O.	21376 MARINA COVE CIR	AVENTURA FL	☐
STD	WILLIAMS, ROSALINE E	2800 BISCAYNE BLVD STE #530	MIAMI FL	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐	☐
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 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:

Cary O. Lopez, President

4/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0278621

CR2E034 (1/98)