

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ONE OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE SAID DATE: \$225 (IF DISSOLVED, REMAINING AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 8:52
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P93000078431 (2)

1. Corporation Name
AFS MANAGEMENT GROUP, INC.

Principal Place of Business Mailing Address
1655 SOUTH STATE ROAD 7 **1655 SOUTH STATE ROAD 7**
NORTH LAUDERDALE FL 33068 **NORTH LAUDERDALE FL 33068**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 11/12/1993	3a. Date of Last Report 06/27/1994
4. FEI Number 65-0449745	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1665 SOUTH STATE ROAD 7
22 City & State	27 City & State
23 NORTH LAUDERDALE, FL	28 NORTH LAUDERDALE, FL
24 Zip Country	29 Zip Country
25 US	30 US

9. Name and Address of Current Registered Agent
LANE, PAUL J
5310 NW 33 AVE #100
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
81 Name DAVID J. Jones
82 Street Address (P.O. Box Number is Not Acceptable) 1665 S. STATE ROAD # 7
83
84 City N. LAUDERDALE
85 Zip Code FL 33068

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 *David J. Jones* **DAVID J. Jones, CONTROLLER** **6 JUNE 95**
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent Signature required when reconstituting. DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD LAZARO, SPIRO
NAME	LAZARO, SPIRO
STREET ADDRESS	1655 SOUTH STATE ROAD 7
CITY - ST - ZIP	NORTH LAUDERDALE FL
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	NORTH LAUDERDALE, FL 33068
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARTINEZ, HENRY
2.3 STREET ADDRESS	1665 SOUTH STATE ROAD 7
2.4 CITY - ST - ZIP	NORTH LAUDERDALE, FL 33068
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JONES, DAVID J.
3.3 STREET ADDRESS	1665 SOUTH STATE ROAD 7
3.4 CITY - ST - ZIP	NORTH LAUDERDALE, FL 33068
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated in 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: *Spiro Lazaro* **SPIRO LAZAROU** **6 JUNE 95** **305-974-3313**
Signature and typed or printed name of signing officer or director. (Date) (Telephone Area #)

CR2E034 (3/95)