

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000078431 (2)  
1. Corporation Name

AFS MANAGEMENT GROUP, INC.



Principal Place of Business: 1655 SOUTH STATE ROAD 7, NORTH LAUDERDALE FL 33068, US  
Mailing Address: 1665 S STATE ROAD 7, N LAUDERDALE FL 33306, US

3. Date Incorporated or Qualified: 11/12/1993  
3a. Date of Last Report: 07/07/1995  
4. FEI Number: 65-0449745  
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

2. Principal Place of Business: 21 705 S. STATE ROAD 7, Suite, Apt #, etc. 22 MARGATE FL, Zip 24 33068, Country 25 USA  
2a. Mailing Address: 26 % AFFORDABLE FINANCE, Suite, Apt #, etc. 27 705 S. STATE ROAD 7, City & State 28 MARGATE FL, Zip 29 33068, Country 30 USA

9. Name and Address of Current Registered Agent: JONES, DAVID J, 1665 S STATE ROAD #7, N LAUDERDALE FL 33068

10. Name and Address of New Registered Agent: 81 Name LAZARO, SPIRO, 82 Street Address (P.O. Box Number is Not Acceptable) 2871 NE 18th ST., 83, 84 City POMPANO BEACH, FL 85 Zip Code 33062

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: [Signature] DATE: 7/11/96

12. OFFICERS AND DIRECTORS  
TITLE PD, NAME LAZARO, SPIRO, STREET ADDRESS 1655 SOUTH STATE ROAD 7, CITY-ST-ZIP N. LAUDERDALE FL, DELETE   
TITLE V, NAME MARTINEZ, HENRY, STREET ADDRESS 1665 S STATE ROAD 7, CITY-ST-ZIP N LAUDERDALE FL, DELETE   
TITLE ST, NAME JONES, DAVID J., STREET ADDRESS 1665 S STATE ROAD 7, CITY-ST-ZIP N LAUDERDALE FL, DELETE  DELETE  
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, DELETE   
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, DELETE   
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE T, 1.2 NAME LAZARO, WENDY, 1.3 STREET ADDRESS 2871 NE 18TH ST, 1.4 CITY-ST-ZIP POMPANO BEACH, FL, 33062, Change  Addition   
2.1 TITLE S, 2.2 NAME AMANNA PANAGIOTA, 2.3 STREET ADDRESS 6730 KIMBERLY BLVD, 2.4 CITY-ST-ZIP N. LAUDERDALE FL, 33068, Change  Addition   
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, Change  Addition   
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, Change  Addition   
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, Change  Addition   
6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP, Change  Addition

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: [Signature] DATE: 7/11/96 (954) 974-3313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)