Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90143 021 \*\*\*150.00

## 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

DOCUMENT #	P94000013207
1 Corporation Name	I O TOOO TOEST

A & F INTERNATIONAL, INC.

Principal	Place	of	Business	



								. 68 - 8 - 2 - 6 - 6 - 6 - 6		4 1)0)1 BBHH (BBH (68)
Principal Place of Business Mailing Address							,, 00,0,,,,	••		
224 CARDINAL CT 1224 CARDINAL CT ILTAMONTE SPRINGS FL 32714  1224 CARDINAL CT ALTAMONTE SPRINGS FL 32714				DO NOT WRITE IN THIS SPACE						
							Date Incorporated or Qualifed 02/14/1994			
2. Principal Place	of Business	2a	. Mailing Address			4.′	FEI Number		L	Applied For
า ่		26					59-3230036			Not Applicable
Suite, Apt. #, et	c.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip	Country 25	29	Zip Cou	intry		1	This corporation owes the current y Personal Property Tax.		ngible ∐Yes	
9	Name and Address of Current			10. Name and Address of New Registered Agent						
				81	Name					
ALVAREZ, NOE N 1224 CARDINAL CT ALTAMONTE SPRINGS FL 32714			82	Street Address (P.O. Box Number is Not Acceptable)						
			83	···						
				84	City			FL	85	Zip Code
office or regist	e provisions of Sections 607.0502 ered agent, or both, in the State of niliar with, and accept the obligation	Flor	ida. Such change was authonzed	עס ני	the corporation	ration 's bo	submits this statement for the purp ard of directors. I hereby accept the	ose of ch appoint	nangir ment	ng its registered as registered
SIGNATURE		-775	A surface   INOTE: Projectored	Agan	t cionatura required y	when re	instating) D	ATE		

agent. I a	im familiar with, and accept the obligations of, s	section 607.0505, Florid	ja Sialules.				
SIGNATURE	Signature, typed or printed name of registered agent and title if a	pplicable (NOTE: R	egistered Agent signature r	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			ADDITIONS/CI	HANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	ALVAREZ, NOE N		12 NAME		0 - 4 -		
STREET ADDRESS	AAAA AABBUUL OT		1.3 STREET ADDRESS	595 Eden	Part Asse	•	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		1.4 CITY-ST-ZIP	alt-Spgs	Park Ase FL 32714-	- 1210	
TITLE	SD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME .	ALVAREZ, ISABEL		2.2 NAME	1			
STREET ADDRESS	LANE CARRILLE OT		2.3 STREET ADDRESS	595 Eden	Park Are	•	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		2. 4 CITY-ST-ZIP	595 Eden alt-Spgs	FC 32714	-1215	
TITLE	VD	☐ DELETE	3.1 TITLE		7	☐ Change	☐ Addition
NAME	FREYE, LAURA C		3.2 NAME			,	
STREET ADDRESS	ARRA CARRIELLA OT		3.3 STREET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		3.4. CITY-ST-ZIP				
TITLE	TD	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	ALVA, SANTIAGO G		4. 2 NAME			•	
STREET ADDRESS	6.0000111 00		4 3 STREET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		4.4 CITY-ST-ZIP				~
TITLE		☐ DELETÉ	51 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				
OTTECT FEDERALOG			64 CITY, ST. 7IP				

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.

(407) 682-2440