FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:38

DOCUMENT # **687385** **(5)**

1. Corporation Name
AFFO INC.

Principal Place of Business	Mailing Address
16000 BISCAYNE BLVD. C/O JULIAN LABELL NO. MIAMI BEACH FL 33160	16000 BISCAYNE BLVD. C/O JULIAN LABELL NO. MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1980
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business	2a. Mailing Address
21 2031 NE 163RD ST	26 2031 NE 163RD St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 No. Miami Beach, FL	City & State 28 No. Miami Beach, FL
Zip 24 33162	Zip 29 33162
Country 25 DADE	Country 30 DADE

4. FEI Number: 59-2017677 ☐ 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

LABELL, JULIAN
16000 BISCAYNE BLVD.
NO. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: JULIAN LABELL
82 Street Address (P.O. Box Number is Not Acceptable): 2031 NE 163 RD ST.
83
84 City: No. Miami Beach FL 85 Zip Code: 33162

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	LABELL, JULIAN	12 NAME	
STREET ADDRESS	16000 BISCAYNE BLVD.	13 STREET ADDRESS	2031 NE 163RD ST.
CITY-ST-ZIP	NO. MIAMI BEACH FL	14 CITY-ST-ZIP	No. Miami Beach, FL 33162
TITLE	VP	21 TITLE	☒ Change ☐ Addition
NAME	LABELL, PAULA	22 NAME	
STREET ADDRESS	16000 BISCAYNE BLVD	23 STREET ADDRESS	2031 NE 163RD ST
CITY ST ZIP	N. MIAMI FL	24 CITY ST ZIP	No. Miami Beach, FL 33162
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 any attachment with an address.

SIGNATURE: [signature] JULIAN LABELL Pres 2-10-95 305-947-2143
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0172777 CP