FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE .

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am **Secretary of State**

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1. Corporation Name

AFHROM.	INC.					
	<u> </u>	A 14				
Principal Place	of Business	Mailing Address				189)
PO BOX 654305 PO BOX 654305 MIAMI FL 33265 MIAMI FL 33265						
US	سنوفات المجينية دما المتعبد الأمان ينيب	gUSsee on the				
	•	•				
		2a. Mailing Address		<u> </u>	3. Date Incorporated or Qualifed	
2. Principal Pla	Ce of Business	26			04/14/1980	
21]		Suite, Apt. #, etc.		·····	4. FEI Number Applied F	For
Suite, Apt. #	, etc.	27			59-2013491 Not Appli	
22 City & State		City & State	-		5. Certificate of Status Desired 5. See Required	
, ·		28			Fee Required	
23] Zip	Country	Zip	Count	try	6. Election Campaign Financing \$5.00 May E	
24	25	29	30		Trust Fund Contribution Added to Fee:	<u>s</u>
241	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
	غلاقييه دين د اهي د ا		1	81 Name		
DELAVABLE	, IGNACIO G	•	h	32 Street Add	dress (P.O. Box Number is Not Acceptable)	
	CE DE LEON BLVD	•	L			
SUITE 650			[1	83		
	BLES FL 33134		-	84 City	85 Zip Code	
					SERVED SCHOOL WATER START CO	te.
11. Pursuant t	o the provisions of Sections 617.05	02 and 617.1508, Florida Statu e of Florida: Such change was a	tes, the ab authorized	ove-named cor by the corporat	orporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registere	ed ()
is agent. Lar	n familiar with, and accept the oblig	ations of, Section 617.0503, Flo	orida Statul	tes.	The state of the s	
0.00.470.00		•			uined when reinstation) . DATE	_
	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	Gent structure inde	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
12.		DELETE	1,1 TIT	LE I	ু বি হু পুরু	Addition
TITLE	D MADERAL, LUIS	_	1.2 NA	ME		
NAME	7640 SW 133 CT	•	1.3 STF	REET ADDRESS	"你的我们的一个人,我们就是一个人。" "我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们	
STREET ADDRESS	MIAMI, FL 00000 33183	•	14 CIT	Y-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	2.1 TITI		Change] Addition
TILE	DELEON, JORGE G.		2.2 NA	ME I		
NAME	10761 SW 67TH DRIVE		2.3 STI	REET ADDRESS		
STREET ADDRESS	MIAMI FL 33173	wy		TY-ST-ZIP		
CITY-ST-ZIP	S	☐ DELETE	3.1 111		☐ Change] Addition
TITLE	S DEL:VALLE, IGNACIO G.		3.2 NA	ME		
NAME	7955 SW 108TH STREET		3.3 ST	REET ADDRESS		
	MIAMI, FL 00000 33156		3.4. CI	TY-ST-ZIP		
CITY: ST ZIP. SS	TDES RESIDEN	☐ DELETE	4.1 111	LE	Change] Addition
	DIEPPA, EDUARDO E		4.2 N	AME ·	the second of the second secon	(54)
STREET ADDRESS	13910 SW 28 ST	PG Curl No Tri PB Au E STAIR	4.3 ST	REET ADDRESS	· · · · · · · · · · · · · · · · · · ·	翻欄
	MIAMI, FL 00000 33175	114 114	4.4 CF	ry-st-zip	The second of th	#189
CITY-ST-ZIP	PD	☐ DELETE	5.1 TIT	TLE	Change [Addition
NAME	SOLIS, JOSE A		5.2 NA	ME .		
STREET ADDRESS	9800 SW 128 ST		5.3 ST	REET ADDRESS		
	MIAMI, FL 00000 33176	•	5.4 CI	TY-ST-ZIP		
TITLE	All the house of the	DELETE	6.1 TI	TLE .	☐ Change ☐	_ Addition
NAME	SANTOS, RAMON		6.2 N	WE		
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	6.3 ST	REET ADDRESS		
1	14444 FL 00000 00450		6.4 CI	TY-ST-ZIP		4!
CITY-ST-ZIP	MINTERN, L 00000 00 100	with this files does not qualify	or the eve	motion stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the inform	nation

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 617, 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:

SIGNATURE:

Data Dayling Ann Year of Belluter Dayling Officer or Director.

Data Dayling Ann Year of Belluter Dayling Officer or Director.