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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # M11575

(1)

1. Corporation Name

A.F-B. P.O.D.C., INC.

Principal Place of Business

Mailing Address

C/O ROBERT A. KASKY 201 N.W. 82ND AVE., S-307 PLANTATION FL 33324

C/O ROBERT A. KASKY 201 N.W. 82ND AVE., S-307 PLANTATION FL 33324



2 Principal Dia					3. Date Incorporated or Qualified 02/14/1985	3a. Date 0	5/01/19	95
2. Principal Pis 21	ice of Business	2a. Mailing Address			4. Et Number			Applied For
Suite Apt. #	Loto	26			59-2505689			Not Applicable
22	·····	Suite, Apt. #. etc.	·		5. Certificate of Status Desired	23		5 Additional Required
City & State		City & State			6. Election Campaign Financing	A ca	\$5.0	Ю Мау Ве
		28			Trust Fund Contribution			d to Fees
Zip [4]	Country	Ζφ	Country	•	8. This corporation has liability for it		ax under s	199.032
* 1	25 9. Name and Address of Currer	29	30		Florida Statutes Yes			
	s. Maine and Address of Carrer	iii Hegisterea Agent		T-17	10. Name and Address of New R	egistered .	Agent	
MACHA	DODERT A		81	Name				
KASKY, ROBERT A. 2021 Tyler St. Hollywood Fl 33020			82	82 Street Address (P.O. Box Number is Not Acceptable)				
HULLTY	1000 FL 33020		83					
	•		84	City			ne	- 0-4-
				<i>'</i>		FL	1 - 1	p Code
tamiliar witt SIGNATURE	n, and accept the obligations of. Sect	ion 607.0506, Florida Statu	onzed by the corp ites	orador. S bourd	tion submits this statement for the purp d of directors. I hereby accept the appo	oose of cha entinent as	inging its r registered	registered offici Lagent, Lam
<u></u> 12.	ignature is pied or printed name of registorical agent. OFFICERS ANI		FROTE REJ NOVE LAGIN	f Sajtrafara (Erpanis)		EA't		
TITLE	PST	DELETE	13.		ADDITIONS/CHANGES TO OFFK			
IAME	FERNANDEZ-BRAVO, ALBER		I 1 TITLE	ļ			Change	☐ Addition
	201 N.W. 82 AVE. #307	10	† 2 NAME					
			13 STREET	ADDRESS				
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CITY - ST - ZIP	PLANTATION FL D	DELETE	1.4 C(I) - S 2. 1 Tifles	i] Change	Addition
CITY - ST - ZIP CITLE NAME	Plantation fl D Fernandez-Bravo, Alber		1.4 CHTY - S	i] Change	Addition
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ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS	PLANTATION FL D FERNANDEZ-BRAVO, ALBER 201 N.W. 82 AVE. #307	TO	1 4 CHY - S 2 1 THE 2 2 NAME 2 3 SIREHT 2 4 CHY - S 3 1 HILE	T-ZIP ASORESS 1-ZIP				
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and this result 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 trusted 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: ALBERTO FERNANDEZ-BRAVO, M.D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 474-5666

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