

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M36477 (1)

1. Corporation Name
ALL MY FRIENDS, INC.



Principal Place of Business Mailing Address
7565 W. 20TH AVE HIALEAH FL 33014

3. Date Incorporated or Qualified 08/07/1986	3a. Date of Last Report 06/15/1995
4. FEI Number 59-2838398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City, & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City, & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent BRIDGES, CHARLES 7565 W. 20TH AVE. HIALEAH FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
Name of Registered Agent (Signature required when not dated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETED	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, STATE, ZIP		14 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETED	21 TITLE	VP/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	JOSE R. RODRIGUEZ
STREET ADDRESS		23 STREET ADDRESS	73 E. Lagoon Drive
CITY, STATE, ZIP		24 CITY-STATE-ZIP	Bricktown, New Jersey 08723
TITLE	<input type="checkbox"/> DELETED	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, STATE, ZIP		34 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETED	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, STATE, ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETED	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, STATE, ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETED	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, STATE, ZIP		64 CITY-STATE-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: *Charles G. Bridges* **CHARLES G. BRIDGES, P/S 2/4/96** 305/558-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Phone #)

CR2E034 (12/95)