

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000007444

1. Entity Name
INVERSIONES A.F., INC.

Principal Place of Business

C/O DAVID J. HART, P.A.
100 N BISCAYNE BLVD. STE 2600
MIAMI FL 33132

Mailing Address

C/O DAVID J. HART, P.A.
100 N BISCAYNE BLVD. STE 2600
MIAMI FL 33132

2. Principal Place of Business

C/O DAVID J. HART, P.A.

3. Mailing Address

C/O DAVID J. HART, P.A.

Suite, Apt. #, etc.

21 S.E. 1 AVE 10 FLOOR

Suite, Apt. #, etc.

21 SE 1 AVE 10 FLOOR

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

DADE

Zip

33131

Country

DADE

4. FEI Number

65-1088834

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HART, DAVID J
C/O DAVID J. HART, P.A.
100 N BISCAYNE BLVD, STE 2600
MIAMI FL 33132

Name

DAVID J HART

Street Address (P.O. Box Number is Not Acceptable)

C/O DAVID J HART, P.A.

21 SE 1 AVE 10 FLOOR

City

MIAMI

FL

Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE David J. Hart

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 03-12-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Delete
NAME FARESE, ANGELO M
STREET ADDRESS 5331 CORAL VINE LN
CITY-ST-ZIP KISSIMMEE FL 34758

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME FARESE, ANGELO M
STREET ADDRESS 5331 CORAL VINE LN
CITY-ST-ZIP KISSIMMEE FL 34758TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Outrageous

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02

305 (800) 577 9977

Date

Daytime Phone #

CR2E034 (9/01)