


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P02000008193</u>	
1. Entity Name <u>A.F.C. USA GROUP CORP</u>	

FILED
03 OCT 28 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>7225 NW 25 STREET</u>		3. Mailing Address	
Suite, Apt. #, etc. <u>300</u>		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State	
Zip <u>33122</u>	Country <u>DADE</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FE Number <u>04-8595045</u>		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>CESAR, NEUZA MIRANDA</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>7225 NW 25 STREET</u>		
	<u># 300</u>		
	City <u>MIAMI</u>	FL	Zip Code <u>33122</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P.D. FRACASCIO, EDISON 910 NE 209 TERRACE MIAMI BEACH, FL 33132</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>400024422144</u> <u>11/04/03--01063--016 **300.00</u>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

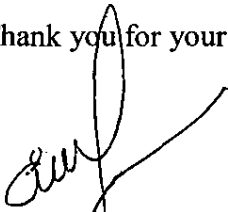
CR2E034B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **A.F.C. USA GROUP, CORP**

Thank you for your courtesy in this matter.

A handwritten signature in black ink, appearing to read 'Edison Fracascio', is written over a horizontal line.

EDISON FRACASCIO
PRESIDENT