FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:03

DOCUMENT # P92000012591 (3)

1. Corporation Name
AF AGENCIES, INC.

Principal Place of Business	Mailing Address
470-J ANSIN BLVD HALLANDALE FL 33009 US	20301 NE 30 AVE SUITE 322 N MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/14/1992
3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0377569 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KIPERWAS, JOSUE
20301 NE 30 AVE
SUITE 322
N MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name: Kiperwas, Josue
82 Street Address (P.O. Box Number is Not Acceptable): 20291 NE 30 Ave
83 Suite 125
84 City: N. MIAMI BEACH FL 85 Zip Code 33180

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☒ Change ☐ Addition
NAME	KIPERWAS, JOSUE	1 2 NAME	Kiperwas, Josue
STREET ADDRESS	20301 NE 30 AVE #322	1 3 STREET ADDRESS	20291 NE 30 Ave #125
CITY-ST-ZIP	N MIAMI BEACH FL 33180	1 4 CITY-ST-ZIP	N MIAMI BEACH FL 33180
TITLE	D	2 1 TITLE	☒ Change ☐ Addition
NAME	UDLER, JUANA Z	2 2 NAME	Udler, Juana Z
STREET ADDRESS	20301 NE 30 AVE #322	2 3 STREET ADDRESS	20291 NE 30 Ave #125
CITY-ST-ZIP	N MIAMI BEACH FL 33180	2 4 CITY-ST-ZIP	N. MIAMI BEACH FL 33180
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-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 attachment with an address.

SIGNATURE: JOSUE KIPERWAS P.PRES. 3/27/95 (305) 931-5847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0100082 CP