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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P93000052877 1. Corporation Name AFG ENTERPRISES, INC.			
Principal Place of Business 4950 S MILITARY TRAIL LAKE WORTH, FL 33463		Mailing Address	
2. Principal Place of Business		3a. Date of Last Report	
21. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/26/1993	
22. City & State		4. FEI Number 65-0426366	
23. Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26. Suite, Apt. #, etc.		9. Name and Address of Current Registered Agent	
27. City & State		10. Name and Address of New Registered Agent	
28. Zip		81. Name	
29. Country		82. Street Address (P.O. Box Number is Not Acceptable)	
30. Country		83.	
		84. City	
		85. Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PRES NAME: GUERRERA, ANGELA STREET ADDRESS: 4054 ALPINA CT. CITY, ST, ZIP: BOYNTON BCH, FL 33436		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
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CR2E034 (9/96)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #