

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, REMAINING AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL -7 AM 8:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000078431 (2)

1. Corporation Name

AFS MANAGEMENT GROUP, INC.

Principal Place of Business

1655 SOUTH STATE ROAD 7
NORTH LAUDERDALE FL 33068
US

Mailing Address

1655 SOUTH STATE ROAD 7
NORTH LAUDERDALE FL 33068
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/12/1993

3a. Date of Last Report

06/27/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0449745

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

LANE, PAUL J
5310 NW 33 AVE #100
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

DAVID J. Jones

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

1665 S. STATE ROAD # 7

83

84 City

N. LAUDERDALE

FL

85 Zip Code

33068

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

David J. Jones

DAVID J. JONES, CONTROLLER

6 JUNE 95

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

NOTE: Registered Agent Signature required when reconstituting.

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
LAZARO, SPIRO
1655 SOUTH STATE ROAD 7
NORTH LAUDERDALE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change

☐ Addition

NORTH LAUDERDALE, FL 33068

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☒ Addition

MARTINEZ, HENRY

1665 SOUTH STATE ROAD 7

NORTH LAUDERDALE, FL 33068

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☒ Addition

S/T

JONES, DAVID J.

1665 SOUTH STATE ROAD 7

NORTH LAUDERDALE, FL 33068

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 110.07(3)(b), 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:

SPIRO LAZAROU

6 JUNE 95

305-974-3313

Signature and typed or printed name of signing officer or director

Date

Telephone Number