FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
May 23 1997 8:00am
Secretary of State

DOCUMENT # P94000013522 (5)

1. Corporation Name

A.F.S. INVESTMENT AND MANAGEMENT CORP. INC.

Principal Place of Business	Mailing Address
3775 POINCIANA AVE COCONUT GROVE FL 33133	3775 POINCIANA AVE COCONUT GROVE FL 33133-6419

3. Date Incorporated or Qualified	3a. Date of Last Report
02/15/1994	11/19/1996

4. FEI Number	Applied For
65-0481280	Not Applicable

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

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	10. Name and Address of New Registered Agent
ZELLER, ALLEN 2149 S.W. 30TH CT. MIAMI FL 33145	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____
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 **P** ☐ DELETE NAME **SANCHEZ, AUGUSTO F** STREET ADDRESS **3775 POINCIANA AVE** CITY-ST-ZIP **COCONUT GROVE FL 33133**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **VP** ☐ DELETE NAME **SANCHEZ, AUGUSTO F** STREET ADDRESS **3775 POINCIANA AVE** CITY-ST-ZIP **COCONUT GROVE FL 33133**	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **T** ☒ DELETE NAME **CAMPBELL, JOHN W** STREET ADDRESS **3775 POINCIANA AVE** CITY-ST-ZIP **COCONUT GROVE FL 33133**	3.1 TITLE *T* 3.2 NAME *SANCHEZ, AUGUSTO F* 3.3 STREET ADDRESS *3775 Poinciana Ave* 3.4 CITY-ST-ZIP *Coconut Grove, FL 33133* ☒ Change ☐ Addition
TITLE **S** ☒ DELETE NAME **CAMPBELL, JOHN W** STREET ADDRESS **3775 POINCIANA AVE** CITY-ST-ZIP **COCONUT GROVE FL 33133**	4.1 TITLE *S* 4.2 NAME *SANCHEZ, AUGUSTO F* 4.3 STREET ADDRESS *3775 Poinciana Ave* 4.4 CITY-ST-ZIP *Coconut Grove, FL 33133* ☒ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 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: _Augusto Sanchez_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 97
Jan 31, 97   305-444-4647
Date   Daytime Phone #