FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010107

1. Corporation Name

AFE INVESTMENTS, INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90078 004 ***150.00

ALE UV	EOTHERTO, INC.					
Principal Plac	e of Business	Mailing Address				
3251 SW 110TH COURT		-9251-SW-110TH COURT			·	
MIAMI FL 33165.		M IAMI FL 3316 5		DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualifed		
				02/07/1995	· · · · · · · · · · · · · · · · · · ·	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 828	1 SW 84 Terr	26 8281 SW 9	84 TERR	65-0564684	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		J. Commons S. Canada Basilion	Fee Required	
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Mic	smi, Fl.	28 M. AMI, FL		Trust Fund Contribution	Added to Fees	
Zip	Country		ountry	8. This corporation owes the current year		
24 3	3143 25 USA	29 33145 30	usa	Personal Property Tax.	Yes PMo	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	red Agent	
			81 Name	·		
Fernandez, Felipe 3251 SW 110TH Court			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
			8281		·	
MIA	MI FL 33165		83		,	
			7.1		85 Zip Code _	
			84 City Mi	ami I	FL 85 Zip Code 33 14-3	
agent. I a	am familiar with, and accept the obligation of registered ager	tions of, Section 607.0505, Florida St	atutes.		<u> </u>	
12.		ID DIRECTORS 13	3.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12	
TITLE	D	☐ DELETE 1.1	TITLE		Change Addition	
NAME	FERNANDEZ, FELIPE	1.2	NAME			
STREET ADDRESS		1.3	STREET ADDRESS 8	281 SW 84 TCT	* *	
CITY-ST-ZIP	MIAMI FL 33165	1,4	CITY-ST-ZIP	11AMI, FL 33143		
TITLE	D	☐ DELETÉ 2.1	TITLE		Change Addition	
NAME	FERNANDEZ, ADELINA	2.2	NAME		•	
STREET ADDRESS	ANTA OUL MATH COURT	23	STREET ADDRESS 8	281 SW 84 TERR		
CITY-ST-ZIP	MIAMI FL 33165	I - · ·	-	iomi , FL 33143		
TITLE	INITIANI I E OU TOU		TITLE		☐ Change ☐ Addition	
NAME		3.2	NAME		, ,	
STREET ADDRESS			STREET ADDRESS			
		i i	. CITY-ST-ZIP			
CITY-ST-ZIP TITLE			TITLE		☐ Change ☐ Addition	
NAME		4.2	NAME			
STREET ADDRESS			STREET ADDRESS			
	1		CITY-ST-ZIP			
CITY-ST-ZIP TITLE			TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME			NAME		,	
STREET ADDRESS		5.3	STREET ADDRESS		•	
			CITY-ST-ZIP		•	
CITY-ST-ZIP TITLE			TITLE		☐ Change ☐ Addition	
			NAME			
NAME						
OTDEET ADODESS			STREET ADDRESS			
STREET ADDRESS		6.3				

14. 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 annual report or supplied 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 of the receiver of 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 changes, or on an attactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB155/99

Daytime Phone

(06/11) #c037/