

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 02 1997 8:00am  
Secretary of State

DOCUMENT # P95000025964 (4)

1. Corporation Name

AFFINITY COMMUNICATIONS GROUP INC.

Principal Place of Business

3530 MYSTIC POINTE DRIVE  
SUITE 2711  
AVENTURA FL 33180

Mailing Address

3530 MYSTIC POINTE DRIVE  
SUITE 2711  
AVENTURA FL 33180-4534

3. Date Incorporated or Qualified  
03/31/1995

3a. Date of Last Report  
05/14/1996

2. Principal Place of Business

21 3802 NE 207th St

Suite, Apt. #, etc.

22 #603

City & State

23 Aventura, FL

24 33180

Country

2a. Mailing Address

26 3802 NE 207th St

Suite, Apt. #, etc.

27 #603

City & State

28 Aventura, FL

29 33180

Country

4. FEI Number

65-0569540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

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

CORPORATE CREATIONS ENTERPRISES INC.  
4521 PGA BLVD.  
SUITE 211  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name Shari Zimmerman

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

3802 NE 207th St #603

83

84 City Aventura

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

Shari Zimmerman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE D  
1.2 NAME BUFFA, ROBERT J  
1.3 STREET ADDRESS % 3530 MYSTIC POINTE DR. #2711  
1.4 CITY-ST-ZIP AVENTURA FL 33180

1.5 TITLE ☐ DELETE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE ☐ DELETE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE ☐ DELETE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE ☐ DELETE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE ☐ DELETE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE ☐ DELETE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME Shari Zimmerman

2.3 STREET ADDRESS 3802 NE 207th St #603

2.4 CITY-ST-ZIP Aventura, FL 33180

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2-3-97 3056828488

CR2E034 (9/96)