FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000040928 (0)

1. Corporation Name

AFTERNOON DELIGHTS, INC.

Principal Place of Business	Mailing Address
80 SW 8 ST SUITE 2000 MIAMI FL 33130	80 SW 8 ST SUITE 2000 MIAMI FL 33130

3. Date Incorporated or Qualified: 05/23/1995
3a. Date of Last Report:

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

4. FEI Number: 65-05 84497 ☐ 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

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

10. Name and Address of New Registered Agent

81 Name: Susan FARIÑAS
82 Street Address (P.O. Box Number is Not Acceptable): 2191 NW 84th WAY
83
84 City: Sunrise FL 85 Zip Code: 33322

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 Susan SUSAN FARINAS 4/25/96
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	D	☐ DELETE	1.1 TITLE	CEO	☒ Change ☐ Addition
NAME	DIAZ, LINDA		1.2 NAME	Diaz, Linda	
STREET ADDRESS	80 SW 8 ST SUITE 2000		1.3 STREET ADDRESS	80 SW 8 St, Ste 2000	
CITY-ST-ZIP	MIAMI FL 33130		1.4 CITY-ST-ZIP	Miami, Fl. 33130	
TITLE	D	☐ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	GARCIA, CARMEN L		2.2 NAME	Garcia, Carmen L	
STREET ADDRESS	80 SW 8 ST SUITE 2000		2.3 STREET ADDRESS	80 SW 8 St, Suite 2000	
CITY-ST-ZIP	MIAMI FL 33130		2.4 CITY-ST-ZIP	Miami, Fl. 33130	
TITLE	D	☐ DELETE	3.1 TITLE	President	☒ Change Fix ☐ Addition
NAME	~~BADILLA~~, ANGELA		3.2 NAME	PADILLA, Angela	
STREET ADDRESS	80 SW 8 ST SUITE 2000		3.3 STREET ADDRESS	80 S.W. 8 St, Suite 2000	
CITY-ST-ZIP	MIAMI FL 33130		3.4 CITY-ST-ZIP	Miami, Fl. 33130	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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: Linda Diaz (305)381-9075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)