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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000056843 (1)

AMERICAN FUTURE VALUE CORPORATION

Principal Place of Business

Mailing Address

18125 HIGHWAY 41 N SUITE 109

FILED Apr 11 1997 8:00am Secretary of State



LUTZ FL 33549 LUTZ FL 335494				
			3. Date incorporated or Qualified 07/05/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Addr	ess. 16-	1-21	4. FEI Number	Applied For
21 8787 Sodhside Blu 28 8787	Southsi	10 1714	1 59-3394648	Not Applicable
Suite Apt, # etc. 270 4 27 apt. #,	2704		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State 23 Jacks on VIIIE Pl 28 Jacks	onulle	A	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32156 25 U.S.A, 20 3215	6 30 Cou	TISA		Yes DNo
9. Name and Address of Current Registered Agent		Ad III	10. Name and Address of New Re	gistered Agent
FISHER, RALPH B	ļ	81 Name		•
18125 HIGHWAY 41 N SUITE 109	ĺ	82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
LUTZ FL 33549		83		
	Ì	03		· r
	Į	84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Flori office or registered agent, or both, in the State of Florida. Such chan agent. Lam familiar with, and accept the obligations of, Section 607. 	da Statutes, the ab ige was authorized 0505, Florida Stat	pove-named c by the corpo utes.	orporation submits this statement for the p oration's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE Signature: typic or printed name of registered agent and title if applicable	(NOTE: Pagistered	Anent timpatura N	riquired when reinstating)	DATE
12. OFFICERS AND DIRECTORS	13.	r Agent eignature re	ADDITIONS/CHANGES TO OFFIC	
	LETE 1.1 TIT	ILE	Catherta	> Z change Addition
NAME MEJIAS, RICARDO	1.2 NA	.ME	3	ni
STREET ADDRESS -18125-1919 -18125-1910 -18125-1910 -18125-1910 -18125-1910 -18125-1910 -18125-1910 -18125-1910 -18125-1910 -18	1.3 ST	REET ADDRESS	3787 - 1000	75101:
CITY-ST-ZIP LUTZ FL 99849	1.4 CF	ry-st-zip	Intradulta 1	3226
TIFLE			0001	efiange Addition
NAME STAITING 4-1-97	2.2 NA	ME	7445 Carriège.	Xdo.
STREET ADDRESS 1445 COTTILGES de Cat	2.3 ST	REET ADDRESS	Pourt Jackson	110 FL 32256
CITY-SI-74 Jack SONUME FT 32256	2.4C	ITY-ST-ZIP	2007,	
TITLE	LETE 8.1 TO	TLE.		Change Addition
NAME	3.2 NA	ME		
STREET ADDRESS	3.3 ST	REET ADDRESS		ļ
City-S1-Zip		ITY-ST-ZIP		
PILE DE	ELETE 4.1 TIT	rle [Change
NAME]	4.2 N	AME		
STREET ADORESS	4.3 ST	REET ADDRESS		
CITY- ST 2IF		TY-ST-ZIP		
TITLE				Change Addition
NAME	5.2 N/	IME		
STREET ADDRESS	5.3 ST	REET ADDRESS		
City - ST - 7IP		TY-ST-ZIP		
TITLE	ELETE 6.1 Tr	TLE		☐ Change ☐ Addition
NAME	6.2 N/	VME		
STREET ADDRESS	6.3 \$1	REET ADDRESS		
CITY-SI-ZP	64 0	TY-ST-ZIP		
## Late basels as life that the information appealed with this filling door	not qualify for the	avamation ato	stad in Section 110 07/31/i) Florida Statuta	c. I further certify that the

I do hereby certify that the information supplied with this filling 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 or true and accurate and that my signature shalf 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:

NTED NAME OF SIGNING OFFICER OR DIRECTOR