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

DOCUMENT # P96000093650 (5)

AMERICAN FIRST MARKETING, INC.

Principal Place of Business 2148 NORTHEAST 183RD STREET Mailing Address

2148 NORTHEAST 183RD STREET NORTH MIAMI BEACH FL 33179-5048

FILED May 08 1997 8:00am Secretary of State



NORTH MIAMI	I BEACH FL 33179	NORTH MIAMI BEACH FL 3	3317 8-304 0		
				3. Date Incorporated or Qualified 11/15/1996	3a. Date of Last Report
21 2148	Place of Business P.N.E. 18357.	2a. Mailing Address 26 2148 N. S.	1835t.	4. FEI Number 65-0708757	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	liami Beach Fl.	City & State 28 No. Miami	Beach Fl.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33/3	79 Country 25 USA	Zip 33179	Country 30 USA	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032 res XI No
	g, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
	ERILAWYER CHARTERED		81 Name		
	B ALMERIA AVENUE		82 Street Add	Iress (P.O. Box Number is Not Acceptab	ie)
CO	RAL GABLES FL 33134		63		· · · · · · · · · · · · · · · · · · ·
					Jan Jan Cada
			84 City		FL 85 Zip Code
agent La SIGNATURE	am familier with, and accept the oblig Signature (yord or printed name of registered as		rida Statutes. Registered Agent signature requ	poration submits this statement for the pation's board of directors. I hereby acceptions with the patient of the patients of t	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
101.6	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAVć	AVE GEORGE, PATRICIA B		1.2 NAME		
STREET ADDRESS	2148 NORTHEAST 183RD ST	REET	1.3 STREET ADDRESS		
CITY-51-710	NORTH MIAM! BEACH FL 33	179	1.4 CiTY-ST-ZiP	-	
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME.			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
C(1Y - \$1 - 2)F			2. 4 CITY - ST - ZIP		
IIII {		☐ DELETE	3.1 TITLE		Change Addition
NAMÉ			3.2 NAME		
STREET ADDRESS	Į.		3.3 STREET ADDRESS	•	
CHY-S1-ZIP TITLE		☐ DELETE	3.4 CITY-ST-ZIP		Change Addition
NAMÉ		C Orce ic	4. 2 NAME		Change Line House
STREET ADDRESS			4.3 STREET ADDRESS		
City SI-7/P			44 CITY+SF-ZIP		
THE	<u> </u>	DELETE	51 TITLE		Change Addition
MAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-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	1		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

May 1, 1997 305) 9493678