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

**PROFIT** CORPORATION ANNUAL REPORT 1999

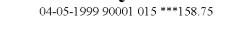


FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 05, 1999 8:00 am Secretary of State



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DOCUMENT #	P96000098949
1. Corporation Name	1 00000000010

AFTON VILLA, INC
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					-}		<b>a</b> ni: Biblio 1811 (88)		
Principal Place of Business Mailing Address									
3400 NE 34 ST 3400 NE 34 ST		3400 NE 34 ST							
101	,	101			1				
FT.	T. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308				DO NOT WRITE IN THIS SPACE				
บร					3. Date Incorporated or Qualifed				
					12/06/1996				
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number	_ 7 }	Applied For		
		26			65-0713934	Not Applicable			
	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional ee Required		
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution			•	\$5.00 May Be Added to Fees		
24	Zip Country		untry		8. This corporation owes the current year Intangible Personal Property Tax.   Yes  No				
1	9. Name and Address of C	Current Registered Agent	T		10. Name and Address of New Registered	Agent			
_			81	Name					
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500 EAST WEST PALM BEACH FL 33401			82	Street Address (P.O. Box Number is Not Acceptable)					
			83						
						705	ip Code		
			84	City	FL	85 4	.ip Code 		
11	Pursuant to the provisions of Sections 60	07.0502 and 607.1508, Florida Statutes, the	above	e-named corpo	ration submits this statement for the purpose of	changing	its registered		
	office or registered agent or both, in the	State of Florida. Such change was authorize obligations of, Section 607.0505, Florida Sta	ed by	the corporation	n's board of directors. I hereby accept the appoint	nunent a	s registered		
	Adant Lam tamuar with and account the								

•	The familiar will, and accept the congenions of	.,,,				- 1
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Re	gistered Agent signature required	d when reinstating) DATE		
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	[] DELETE	1.1 TITLE		Change	Addition
NAME	RICHTER, SAM		1.2 NAME			
STREET ADDRESS	3400 NE 34 ST, 101		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP			
TYTLE		DELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			}
STREET ADDRESS			2.3 STREET ADDRESS			ļ
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	☐ Addition
NAME ·			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
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			ĺ
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			ļ
STREET ADDRESS			6.3 STREET ADDRESS			1
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with inisfilling 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 supplierhents a multi-eport 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 received firustee 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 a state threat with an address, with all other like empowered.

SIGNATURE:

URE REQUIRED

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CR2E034 (11/98)