\sim	
	٦
×	
	ì
÷	•
_	
₹	
œ.	3
~	Š
īŤ	i
=	i
*	
щ	-
C	١
_	

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

SIGNATURE: ♥

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 DEC 18 PM 1:41 P97000034617 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE FLORIDA AF ADUANCED MANAGENENT CORP.
Principal Place of Business Mailing Address 3075 NW 3rd STREET DO NOT WRITE IN THIS SPACE Hiami, FL 33125 3. Date Incorporated or Qualified 4-17-97 2. Principal Place of Business 4. FFI Number 2a. Mailing Address Applied For 65-0749622 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Zip Country_ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ADRIAN FERNANDEZ 3075 NW 3 Street 82 Street Address (P.O. Box Number is Not Acceptable) 83 Miami, FL City Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 117008 Change Addition ADRIAN FERNANDEZ 400002723854-NAME 1.2 NAME 3075 NW 3 ST. STREET ADDRESS 13 STREET_ADORESS -12/28/98--01129--002 CITY-ST-ZIP Hiomi 1.4 CITY - ST - ZIP ****150.00 ☐ DELETE TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP 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 ☐ DELETE TITLE 5 1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition 6 1 TITLE_ TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS I hereby certify that the information supplied with his 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 of 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 corporation or the corporation or the corporation of the corpo 14. I hereby certify that the information supplied will

NAME OF SIGNING OFFICER OR DIRECTOR