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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 21 1998 8:00am

ANNUAL REPORT 1998		. 7	Secretary of State DIVISION OF CORPORATIONS			Secretary of State
DOCUMENT # P97000045559 (6) AMERICAN FIBER INC.						
Delegated Obs	-10	A 4 - 10 A - 1 day				
Principal Place of Business 892 N.W. 135TH COURT MIAMI FL 33182		Mailing Address 892 N.W. 135TH COURT MIAMI FL 33182				DO NOT WRITE IN THIS SPACE
		· · · · · · · · · · · · · · · · · · ·	<u>-</u>		· · · - <u>- · · · · · · · · · · · · · · ·</u>	3. Date Incorporated or Qualified 05/22/1997
2. Principal P	lace of Business	28. Mailing Address				4. FEI Number Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- 			5. Certificate of Status Desired See Required
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	7/p	Cou	ntrv		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent
UNIA, JUNGE						
892 N.W. 135TH COURT MIAMI FL 33182				82 Street Address (P.O. Box Number is Not Acceptable)		
mirani 1 C 55102				83		
			ļ	84 City		85 Zip Code
## Durayani	to the provisions of Captions CO2 O	ED2 and 607 1500 Flarida Otas	utoo the el		nomed core	FL 65 25 COO
office or r agent I a	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change wai ligations of, Section 607.0505,	s authorized Florida Stat	d by ules	the corpora	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	sgent aco titic if applicable (N	OTE: Registered	i Ager	nt signature requi	ired when reinstating) DATE
12.		IND DIRECTORS	13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS 10000			1.1 TOLE		Change Addition
NAME STREET ADDRESS	0.1174 001.02			1.2 NAME		
CITY-ST-ZIP	Adjant W. Chico			1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	DELETE			21 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		Ì	· ·
STREET ADDRESS			2.3 ST	RCET A	ADDRESS	
CITY-ST-ZIP				2.4 GITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE NAME	☐ DELETE		- 1	3.2 NAME		Change D Manifel
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			3 4. CITY - ST- 7/P			
TITLE	í		4.1 Til	4.1 TITLE		Change Addition
NAME			4 2 N			
STREET ADDRESS	SS		1	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	 			4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	C officit			5.2 NAME		suanga roomyn
STREET ADDRESS					ADDRESS	
CITY-SY-ZIP			5.4 CI			
TITLE		DELETE	6.1 111	Lŧ		☐ Change ☐ Addillon
NAME			62 NA			
STREET ADDRESS			12 ca 🔳	HEFT A	ADDRESS	

14. Thereby 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 ruceiver or trusted 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 all attachment with an address.

SIGNATURE:

CITY-ST-ZIP