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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065239 (0)

1. Corporation Name

ALL FLORIDA MINORITIES ENTERPRISE, INC.

Principal Place of Business

Mailing Address

375 N.E. 159TH STREET
NORTH MIAMI BEACH FL 33162

375 N.E. 159TH STREET
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

65-0796470 - 151412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MOLINE, JEAN R
375 N.E. 159TH STREET
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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. I hereby 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
MOLINE, JEAN R
STREET ADDRESS 375 N.E. 159TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☒ DELETE

NAME SD
DARICI, AKCA
STREET ADDRESS 8825 S.W. 103RD STREET
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME TD
MILDORT, YVES
STREET ADDRESS 820 N.E. 171ST STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ DELETE

NAME VPD
JACOB, RENATO
STREET ADDRESS 1316 N.W. 159TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ DELETE

NAME ASD
REGISTRE, ERNST
STREET ADDRESS 1280 N.E. 138TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33161

TITLE ☐ DELETE

NAME ASD
AUGUSTINE, JEAN MARIE
STREET ADDRESS 4391 N.W. 19TH STREET, APT. #488
CITY-ST-ZIP LAUDERHILL FL 33313

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

JEAN R. MOLINE 4/15/98

CR2E034 (10/97)