

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**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90061 008 \*\*\*150.00

**DOCUMENT # P97000065239**

1. Corporation Name

**ALL FLORIDA MINORITIES ENTERPRISE, INC.**



Principal Place of Business  
375 N.E. 159TH STREET  
NORTH MIAMI BEACH FL 33162

Mailing Address  
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

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

*Leon Rene A. Moline*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/99 (954) 475 4102  
Date Daytime Phone #

CR2E034 (11/98)