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FILED
May 04 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 # P97000080332 (4)

1. Corporation Name

AMERICAN FAMILY ASSOCIATION INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

846 WEST 41ST STREET
HIALEAH FL 33012

846 WEST 41ST STREET
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1997

4. FEI Number

65-0780264

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 3750 W. 16 AVE

Suite, Apt. #, etc.

22 SUITE 136U

City & State

23 HIALEAH, FL

Zip

24 3301Y

Country

25 DADE

2a. Mailing Address

26 3750 W. 16 AVE

Suite, Apt. #, etc.

27 SUITE 136U

City & State

28 HIALEAH, FL

Zip

29 3301Y

Country

30 DADE

9. Name and Address of Current Registered Agent

MORALES, IGNACIO
846 WEST 41ST STREET
HIALEAH FL 33012

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 PD
NAME MORALES, IGNACIO
STREET ADDRESS 846 WEST 41ST STREET
CITY-ST-ZIP HIALEAH FL 33012 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
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CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE PD
2.2 NAME PEREZ, ARMANDO, A.
2.3 STREET ADDRESS 14640 HARRIS PL.
2.4 CITY-ST-ZIP MIAMI LAKES, FL 33014 ☐ Change ☒ Addition

3.1 TITLE VP
3.2 NAME MORALES-PEREZ, MERCEDES
3.3 STREET ADDRESS 14640 HARRIS PL.
3.4 CITY-ST-ZIP MIAMI LAKES, FL 33014 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 registered agent 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.

CR2E034 (10/97)