

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90106 022 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000022087

1. Corporation Name
AMERICAN FACTORS GROUP, INC.

Principal Place of Business: 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134

Mailing Address: 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **03/09/1998**

4. FEI Number: **65-0821333** 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

21	22	23	24	25	26	27	28	29	30
Principal Place of Business		Mailing Address		City & State		City & State		Country	
150 South Pine Island Rd		150 South Pine Island Rd		Plantation FL		Plantation FL		USA	
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500		Zip 33324		Zip 33324		Country USA	

9. Name and Address of Current Registered Agent: **HELLMAN, MAYNARD J 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent:

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	Suite, Apt. #, etc.
84	City
85	State
86	Zip Code

**150 South Pine Island Road
 Suite 500
 Plantation FL 33324**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PRESS, ROBERT D	1.2 NAME	
STREET ADDRESS	1100 PONCE DE LEON BLVD	1.3 STREET ADDRESS	150 South Pine Island Rd Suite 500
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HORWIN, FRED	2.2 NAME	
STREET ADDRESS	4920 SARAZEN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **Robert Press** SIGNATURE: **Robert Press** Date: **4-29-99** Daytime Phone #: **954-577-9225**

CR2E034 (11/98)