


AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90018 039 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000035077</b>					
1. Corporation Name <b>AFT VERTICALS, INC.</b>					
Principal Place of Business <b>10523 SW 40TH STREET</b> <b>MIAMI FL 33165</b>			Mailing Address <b>10523 SW 40TH STREET</b> <b>MIAMI FL 33165</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>10523 SW 40ST</b> Suite, Apt. #, etc.			2a. Mailing Address 26 Suite, Apt. #, etc.		
23 <b>FL 33165</b> City & State Zip			28 <b>DADE</b> City & State Zip		
24 <b>FL 33165</b> Country			29 <b>DADE</b> Country		
3. Date Incorporated or Qualified <b>04/16/1998</b>			4. FEI Number <b>65-0823752</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent <b>GONZALEZ, JORGE L</b> <b>2191 NW 97TH AVE</b> <b>MIAMI FL 33172</b>			10. Name and Address of New Registered Agent 81 Name <b>FRANCISCO SOLANA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>10523 SW 40ST</b> 83 84 City <b>MIA</b> FL 85 Zip Code <b>33165</b>		
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 <b>FRANCISCO SOLANA</b> DATE <b>07-01-99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>FRANCISCO SOLANA</b> 1.3 STREET ADDRESS <b>10523 SW 40ST</b> 1.4 CITY-ST-ZIP <b>MIA, FL 33165</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <b>FRANCISCO SOLANA</b> DATE <b>07-01-99</b> (305) 221-1100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (5/99)