

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S28874** (3)

1. Corporation Name

AFA & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

3470 SW 143 PLACE

3470 SW 143RD PL

MIAMI FL 33175

MIAMI FL 33175
US

3470 SW 143 PLACE
MIAMI, FL 33175

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

Same

26

Suite, Apt. #, etc.

Same

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/31/1991

3a. Date of Last Report

08/10/1995

4. FEI Number

NOT APPLICABLE

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

ALVAREZ, ARMANDO F.
3470 SW 143RD PL
MIAMI FL 33184

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

Armando F. Alvarez

(Print Name of Agent or Director whose signature is required when registering)

1/30/96

12. OFFICERS AND DIRECTORS

1. TITLE

P

☐ DELETE

2. NAME

ALVAREZ, ARMANDO F.

3. STREET ADDRESS

3470 SW 143 PLACE

4. CITY-ST-ZIP

MIAMI FL

5. TITLE

☐ DELETE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

☐ DELETE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

☐ DELETE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

☐ DELETE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I or on an attachment with an address

SIGNATURE:

Armando F. Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

305 227 0009

CR2E034 (12/95)