Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90004 024 \*\*\*150.00

## 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

D	OC	<b>UMENT</b>	#	S32054
	_			<del></del>

1. Corporation Name

A & F INDUSTRIAL CORP.

AQFIN	DUSTRIAL, CORF.								
Principal Place	e of Business	Mailing Address				- 1 100 51010 100 51110 51011 90101 01111 0191 019	01611 91811	Albit dinti tant	
13044 SPRING I		13044 SPRING LAKE DR.							
FT. LAUDERDALE FL 33330 FT. LAUDERDALE FL 33330									
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 02/15/1991			
2 Principal Pl	2a. Mailing Address				4. FEI Number	TA	pplied For		
<u> </u>						65-0247027	, N	ot Applicable	
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.							\$8.75	Additional	
22 27						5. Certificate of Status Desired	Fee R	lequired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23 28						Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country	1		8. This corporation owes the current year Intan	gible	_ }	
24	25	29 36	D			1 Ciboliai i ioperij i zm	Yes	No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Ag	ent		
			81	Na	ime				
	NANDEZ, ANDRES		82	St	reet Addres	ess (P.O. Box Number is Not Acceptable)			
	4 SPRING LAKE DR.			1		<u> </u>			
FT. L	AUDERDALE FL 33330		83					į	
			84	Ci	ty	FL	85 Zip	Code	
				<u>L</u>			onging it	n conjectored	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	nonzed by	tne :	corporation	oration submits this statement for the purpose of challenges of directors. I hereby accept the appointment	nent as r	egistered	
SIGNATURE						when reinstating) DATE			
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re ID DIRECTORS	T	nt sign	ature required i	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
12.	P	□ DELETE	13.		1		Change		
TITLE	•		1.2 NAME					_	
NAME	FERNANDEZ ANDRES		1.3 STREE	TADD	2500				
STREET ADDRESS	13044 SPRING LAKE DR.				7E33			1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	☐ DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP		•	Change	Addition	
TITLE	¥	_ beech	2.2 NAME						
NAME	JANETH FERNANDEZ			T 100	DE00	·		[	
STREET ADDRESS 13044 SPRING LAKE DR.			2.3 STREET ADDRESS			•	-		
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	☐ DELETE	2. 4 CITY-S 3.1 TITLE	SI-ZIP			Change	Addition	
TITLE			3.1 TITLE				3*		
NAME			3.3 STREE	T 400	DECC				
STREET ADDRESS			3.4. CITY-5		7E33				
CITY-ST-ZIP		□ DELETE	4.1 TITLE	51-ZIP	<del></del>	<del></del>	Change	Addition	
TITLE			4. 2 NAME				_	- {	
NAME			4.3 STREE	T ADD	DESC.			1	
STREET ADDRESS:					NESS	And the second second		ł	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-212			Change	Addition	
TITLE			5.2 NAME						
NAME			5.3 STREE	TADD	RESS				
STREET ADDRESS			5.4 CITY-S						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	, , - <u>C</u> IF		!	Change	Addition	
TITLE		_ 5555,5	6.2 NAME			•			
NAME			6.3 STREE	T ADD	RESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

G-OFFICER OR DIRECTOR

(954) 252-0838