

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

6-19-96-8-6998 -c

**DOCUMENT # K10781**

**(8)**

1. Corporation Name

**CHARLES ALFIERI, INC.**



Principal Place of Business: **4390 N. FEDERAL HWY SUITE 203 FT LAUDERDALE FL 33308 US**  
Mailing Address: **4390 N FEDERAL HIGHWAY SUITE 203 FT. LAUDERDALE FL 33308 US**

3. Date Incorporated or Qualified: **01/04/1988**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0025613**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**COWAN, MARIA ELENA  
4390 N. FEDERAL HIGHWAY  
SUITE 203  
FT LAUDERDALE FL 3308**

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 reappointing)

Date

**12. OFFICERS AND DIRECTORS**

TITLE: **D**  DELETE  
NAME: **ALFIERI, CHARLES**  
STREET ADDRESS: **4390 N. FEDERAL HIGHWAY, SUITE 203**  
CITY-ST-ZIP: **FT. LAUDERDALE FL**

TITLE: **D**  DELETE  
NAME: **COWAN, MARIA, ELENA**  
STREET ADDRESS: **4390 N. FEDERAL HIGHWAY, SUITE 203**  
CITY-ST-ZIP: **FT. LAUDERDALE FL**

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY-ST-ZIP:

21 TITLE:  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY-ST-ZIP:

31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY-ST-ZIP:

41 TITLE:  Change  Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY-ST-ZIP:

51 TITLE:  Change  Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY-ST-ZIP:

61 TITLE:  Change  Addition  
62 NAME:  
63 STREET ADDRESS:  
64 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)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Maria E Cowan* **MARIA E COWAN** 4/13/96 (954) 938-1755

CR2E034 (3/96)