

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

**FILED**

**May 08 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K10781 (8)**

1. Corporation Name  
**CHARLES ALFIERI, INC.**



Principal Place of Business <b>4390 N. FEDERAL HWY SUITE 203 FT LAUDERDALE FL 33308 US</b>	Mailing Address <b>4390 N FEDERAL HIGHWAY SUITE 203 FT. LAUDERDALE FL 33308-5200 US</b>
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3. Date Incorporated or Qualified <b>01/04/1988</b>	3a. Date of Last Report <b>06/19/1996</b>
4. FEI Number <b>65-0025613</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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**9. Name and Address of Current Registered Agent**

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

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

81 Name **MARIA ELENA ALFIERI**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4390 N. FEDERAL HIGHWAY**  
83 **SUITE 203**  
84 City **FT. LAUDERDALE** FL 85 Zip Code **33308**

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 to 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 *Charles Alfieri* **MARIA ELENA ALFIERI, VICE PRESIDENT** DATE **4/29/97**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALFIERI, CHARLES</b>	
STREET ADDRESS	<b>4390 N. FEDERAL HIGHWAY, SUITE 203</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COWAN, MARIA, ELENA</b>	
STREET ADDRESS	<b>4390 N. FEDERAL HIGHWAY, SUITE 203</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ALFIERI, MARIA ELENA</b>
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 do 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: *Charles Alfieri* DATE: **4/29/97 (954) 928-1755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)