

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

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03 JUL 20 AM 11:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K98585 (8)

1. Corporation Name
ALFAG, INC.

Principal Place of Business 2333 BRICKELL AVE APT 717 MIAMI FL 33129	Mailing Address VIPSAL NO 1066 PO BOX 52-5364 MIAMI FL 33152-5364 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 06/27/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0145229	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CARLOS E. ALVAREZ
7020 MINDELLO ST.
CORAL GABLES FL 33147**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ALVAREZ, ALFONSO G.
STREET ADDRESS	2 S. BISCAYNE BLVD. 3400
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ALVAREZ JAVIER
STREET ADDRESS	2 S. BISCAYNE BLVD. 3400
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DE ALVAREZ, SONIA
STREET ADDRESS	2 S. BISCAYNE BLVD. 3400
CITY-ST-ZIP	MIAMI FL
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	900002948249--5
2.4 CITY-ST-ZIP	-08/03/99--01003--010
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	****150.00 ****150.00
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 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.

SIGNATURE: _____ **ALFONSO ALVAREZ G. PRESIDENT** **6/22/99** **(305)858-3444**

CR2E034 (11/98)

Handwritten signature and date: 6/22/99

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ALFAG, INC.
VIPSAL NO. 1066
PO BOX 52-5364
MIAMI FL 33152-5364
USA

June 22, 1999

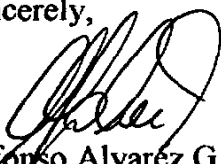
Florida Department of State
Annual Reports Filings
Division of Corporations
PO BOX 6327
Tallahassee FL 32314

Gentlemen:

I enclose ALFAG, INC. DOCUMENT # K98585 1999 PROFIT CORPORATION ANNUAL REPORT and check for US\$150.00.

As I advised by e-mail on 6/17/99, I never received the 1999 form, and just received the one I requested by e-mail. That is the reason it was never mailed. And according to reply, I should just pay US\$150.00.

Sincerely,



Alfonso Alvarez G.
President
ALFAG, INC.