

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000044887 (4)**

1. Corporation Name:  
**ALPHA RESEARCH, INC.**



Principal Place of Business

7027 S.W. 87TH COURT  
MIAMI FL 33173

Mailing Address

7027 S.W. 87TH COURT  
MIAMI FL 33173

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BARBARA, LOUIS J SR.  
7027 S.W. 87TH COURT  
MIAMI FL 33173**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person filing this report (If not the registered agent, the signature of the registered agent is required.)

Signature of the registered agent (If not the person filing this report, the signature of the person filing this report is required.)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <input type="checkbox"/> DELETE NAME: <b>D CHAN, BOSCO</b> STREET ADDRESS: <b>7027 S.W. 87TH COURT</b> CITY-STATE-ZIP: <b>MIAMI FL 33173</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE NAME: <b>D BARBARA, LOUIS J</b> STREET ADDRESS: <b>7027 S.W. 87TH COURT</b> CITY-STATE-ZIP: <b>MIAMI FL 33173</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, unchanged or only with an address change.

SIGNATURE: *Louis J. Barbara*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

954-271-8815

Date

Phone Number

CR2E034 (12/95)