

4-2-97 B-3901 C  
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 Apr 02 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000079138 (0)  
 1. Corporation Name  
 ALFRED'S A.C., INC.



Principal Place of Business: 1725 W. 60 STREET #F226 HIALEAH FL 33012  
 Mailing Address: 1725 W. 60 STREET #F226 HIALEAH FL 33012-6806

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-29)

3. Date Incorporated or Qualified: 10/16/1995  
 3a. Date of Last Report: 05/01/1996  
 4. FEI Number: 65-0614096  
 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

9. Name and Address of Current Registered Agent  
 CUETO, ALFREDO  
 1725 W. 60 STREET  
 #F226  
 HIALEAH FL 33012

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PTD                     | <input type="checkbox"/> DELETE            |
| NAME           | CUETO, ALFREDO          |  |
| STREET ADDRESS | 1725 W. 60 STREET       |  |
| CITY-ST-ZIP    | HIALEAH FL 33012        |  |
| TITLE          | VSD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | DEL CARMEN CUETO, MARIA |  |
| STREET ADDRESS | 1725 W. 60 STREET       |  |
| CITY-ST-ZIP    | HIALEAH FL 33012        |  |
| 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          | VSD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Marek Adamczyk        |  |
| 1.3 STREET ADDRESS | 13531 N.W. 1st Street |  |
| 1.4 CITY-ST-ZIP    | Plantation, FL, 33325 |  |
| 2.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                       |  |
| 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: \_\_\_\_\_ DATE: 3-27-97 (95) 476-3897

CR2E034 (9/96)