

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

791022

APPROVED AND FILED

99 OCT -4 PM 12:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000095802
 1. Corporation Name
 ALPHA INTERNATIONAL, INC.

Principal Place of Business
 9090 NW S RIVER DRIVE BAY 30
 MEDLEY FL 33166

Mailing Address
 9090 NW S RIVER DRIVE BAY 30
 MEDLEY FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 11/09/1998

2. Principal Place of Business
 21 9090 N.W. S. RIVER DR.
 Suite, Apt. #, etc.
 22 # BAY 30
 City & State
 23 Medley - FL
 Zip
 24 33166

2a. Mailing Address
 26 "SAME"
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip
 29
 Country
 30 U.S.A.

4. FEI Number
 Applied For
 Not Applicable

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 owes the current year Intangible Personal Property.
 Yes No

9. Name and Address of Current Registered Agent
 GARCIA, ARMANDO A
 9090 NW S RIVER DRIVE BAY 30
 MEDLEY FL 33166

10. Name and Address of New Registered Agent

81 Name
 SAME

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|---------------------------------|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, ARMANDO A | 1.2 NAME |
| STREET ADDRESS | 9090 NW S RIVER DRIVE BAY 30 | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | MEDLEY FL 33166 | 1.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME |
| STREET ADDRESS | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME |
| STREET ADDRESS | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME |
| STREET ADDRESS | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME |
| STREET ADDRESS | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME |
| STREET ADDRESS | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP |

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 ****150.00 ****150.00

10/16/99

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, on an attachment with an address.

SIGNATURE: Armando A. Garcia 09-28-99 (305) 8844005
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

000716

CR2E034 (5/99)

Frias tires & Electric
9090 N.W. SOUTH River Driver #30
Miami, Florida 33166

Miami 09-27-99

Pg 2 of 2

**Att: Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314.**

2ND LETTER

I have just received by mail a second notice of the 1999 Profit Corporation Annual Report, where there is a late fee of 400\$ due to the failure of the payment of the first notice on time. The reason for that is, we never received that first notice, which was probably lost in the mail. Our mailbox is outside the building and it's something frequent that the mail gets lost. I am very sorry for the inconvenience that this might have caused and hope this letter might be helpful to avoid the extra charges.

We have already spoken with Florida Department of State Division of Corporations and told us to send the check for the correct amount due without extra charges.

Thank You

**Sincerely,
Armando A. Garcia**

