2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURË:

FILED May 23, 2002 8:00 am Secretary of State P98000095802 DOCUMENT # 1. Entity Name 05-23-2002 90012 024 ***150.00 ALPHA INTERNATIONAL, INC. Mailing Address Principal Place of Business 9001E NW 97 TERRACE 9001E NW 97 TERRACE MEDLEY FL 33178 MEDLEY FL 33178 3. Mailing Address SAME 2. Principal Place of Business 10099 NW 8 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0881674 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required SOAO - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -- 3 GARCIA, ARMANDO A (P.O. Box Number is Not Acceptable) Street Address 9001E NW 97 TERRACE N MEDLEY FL 33178 Zip Code City 8. The above named entity supposits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 04-25-02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME GARCIA, ARMANDO A NAME STREET ADDRESS 9001E NW 97 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F ستر د NAME NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MANAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 received or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FFICER OR DIRECTOR