FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (0)ALGHERO INVESTMENTS, INC. Principal Place of Business Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



200 S.BISCAY SUITE 4900 MIAMI FL 331		C/O PENINSULA REGISTE 200 S BISCAYNE BLVD. MIAMI FL 33131 US		DO NOT WRITE IN TH 3. Date incorporated or Qualified 09/25/1992	IIS SPACE	
	lace of Business	2a Mailion Addressow	Diformation Se	VILLES. EN Omber	Applied For	
	E. 3rd Avenue	26 ONE S. 6 Suite, Apl. #, etc.	. 3rd Aven.	<i>ue</i> 65-0364874	Not Applicable	
Sulte, Apt. #. etc. 284h F/OOR		27 2844 MOOR		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State Miami, FL		28 City & State State 28 FL		6. Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , , ,	
Zip 33/3	Country DADE	7ip 33/3/	Country 30 DADE	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Register	ed Agent	
PENINSULA REGISTERED AGENTS INC.				nevican Information Si	ervices. TAIC.	
200 S. BISCAYNE BLVD. SUITE 4800			82 Street A	ddress (P.O. Box Number is Not Acceptable)	, , , , , , , , , , , , , , , , , , ,	
MIAMI FL 33131			83	284 Floor		
	_		84 City	Miami F	85 Zio Code	
11. Pursuan	to the provision of Section 607.0502	and 607.1508, Florida Statule	s, the above-named o			
office or re agent. I a	egistered agent, or both in the State o m familiar with and accept the obligati	f Florida. With change was au ions of Soction 607 0505, Flor	uthorized by the corpori <u>da</u> Statutes	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	appointment as registered	
SIGNATURE	11/agent	au	/ /	y /	17/98	
			Registered Agent signature re	***	E	
12.	DPS OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
NAME	DAGO DEL, ROSA		12 NAME		Criango reducer	
STREET ADDRESS	200 S. BISCAYNE BLVD. (4800	1	1.3 STREET ADDRESS	one se. 3rd Avenue, 28th	FIODR	
CITY-ST-ZIP	MIAMI FL	,		Mlami, R. 33/3/		
TITLE	DVT	DELETE	21 TITLE		Change Addition	
NAME	DAGO DEL, CARMEN		2.2 NAME			
STREET ADDRESS	200 S.BISCAYNE BLVD. (4800)		2.3 STREET ADDRESS	ONE S.C. 3rd Avenue 284h	Floor	
CITY-ST-ZIP	MAIMI FL		2. 4 CITY - ST - ZIP	MIAMI, PL. 33/3/		
TITLE	Ď	DELETE	3.1 TITLE		Change Addition	
NAME	DAGO DEL, MANUEL		3.2 NAME	ONE S.E. Brd. Avenue 284	L Dia . a	
STREET ADDRESS	200 S. BISCAYNE BLVD.(4800)		3.3 STREET ADDRESS		77006	
CITY-ST-ZIP	MIAMI FL 33131	<u>-</u>	3.4. CITY - ST - ZIP	Miami, R. 83131		
TITLE		L. DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	: 5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE1 ADDRESS			
CITY-ST-ZIP		- Driege	5.4 CITY-ST-ZIP		Ob	
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		A	64 CITY - ST - 7IP		i	

14. Thereby certify that the information supplied with this dling does not qualify for tot exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angular 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 control of the receiver of truster improved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if oranged, or on an attachment with a polytical.