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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:58

DOCUMENT # P94000073783 (0)

1. Corporation Name
ALBERTA, INC.

Principal Place of Business

291 IVA ROSADA, SUITE 45-B
ROYAL PALM PLAZA
BOCA RATON FL 33432

Mailing Address

291 IVA ROSADA, SUITE 45-B
ROYAL PALM PLAZA
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified
10/07/1994

3a. Date of Last Report

2. Principal Place of Business

21 291 IVA ROSADA, SUITE 45-B

2a. Mailing Address

26 291 IVA ROSADA, SUITE 45-B

4. FEI Number

65-0525946

Applied For

Not Applicable

Suite, Apt., etc.

Suite, Apt., etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSELE, ALBERTA
315 MIZNER BLVD.
SUITE 45-B
BOCA RATON FL 33432-1

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3634 PACIFIC BLVD APT 912

84 BOCA RATON FL

85 Zip Code
33433

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when revoking)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MOSELE, ALBERTA
STREET ADDRESS 315 MIZNER BLVD. SUITE 45-B
CITY-ST-ZIP BOCA RATON FL 33432

1.1 TITLE Pres. & Director ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3634 PACIFIC BLVD APT 912

1.4 CITY-ST-ZIP BOCA RATON FL 33432

TITLE D
NAME BONETTI, UMBERTO
STREET ADDRESS 315 MIZNER BLVD. SUITE 45-B
CITY-ST-ZIP BOCA RATON FL 33432

2.1 TITLE Treas. & Director ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 200 E 93TH ST

2.4 CITY-ST-ZIP NY NY 10129

TITLE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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)(b), 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: *Alberta Mosele*

ALBERTA MOSELE

2/8/95

(407) 750-2339

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

Date

Telephone