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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # L10920 (1) 1. Corporation Name ALEF AMERICA, INC.								
Principal Place	of Business	Mailing Address						OLDEN BIJÎN DÎBLÎ HATÎ
5540 SW BTH ST CORAL GABLES FL 33134 US CORAL GABLES I US CORAL GABLES I			FL 33134					
					3. Date Incorporated or O. 08/23/1989	ualified	3a. Date of La 07/11	
	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt. #, etc.		26			65-0139833			Not Applicable
					5. Certificate of Status Des	1 (\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Finar Trust Fund Contribution			5.00 May Be dded to Fees
Ζφ	Country	Zip	Coun	try	8. This corporation has liab		tangible tax und	
4	9. Name and Address of Curre	29 ant Registered Agent	30			Yes		
	5. Notific and Hooless of Carr	ent negistered Agent		31 Name	10. Name and Address of	New He	gistered Agent	
LANDMA	AN, ABRAHAM							
5546 SV			8	32 Street Add	fress (P.O. Box Number is Not A	cceptable	2)	
CORAL	GABLES FL 33134		8	33				
			ا ا	34 City				7-0-4
			١٠	Jan City			FL 85	Zip Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida St	atutes, the above	e-named corpo	oration submits this statement for	the purp		its registered office
familiar wit	o the provisions of Sections 607.05(ed agent, or both, in the State of Flo th, and accept the obligations of, Se Signature, typed or printed name of registered age	ction 607.0505, Florida Stati	atutes, the above orized by the coutes. (NOTE: Registered A	rporation's boa	ard of directors. I hereby accept f	the purp the appoi		Its registered officered agent. I am
familiar wit	th, and accept the obligations of, Ser Signature, typod or primadinanic of registered ago OFFICERS A	of the life synicable ND DIRECTORS	ionzea by the co utes.	rporation's boa	ard of directors. I hereby accept f	the appoi	ose of changing ntment as regist	ered agent. I am
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familiar wit SIGNATURE _ 12.	Sgnetize, typed or primed name of registered age OFFICERS A D LANDMAN, ABRAHAM	of the life synicable ND DIRECTORS	(NOTE: Registered A: 1.1 Tiff 1.2 NAM	gent signature require.	ard of directors. I hereby accept to the second of directors of the second of the seco	the appoi	OSE OF CHANGING INTERPORT OF THE DATE DERS AND DIRE	ered agent. I am
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SIGNATURE:

(305)444-4406