

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M31978 (3)

1. Corporation Name
ALBEN THREE CORPORATION

Principal Place of Business
18750 NW 2ND AVE.
NORTH MIAMI FL 33169

Mailing Address
P.O. BOX 145276
CORAL GABLES FL 33114-5276



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1986		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2689034		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

CABRERA, ALVARO
1332 ASTURIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	Cabrera, Alvaro		
82 Street Address (P.O. Box Number is Not Acceptable)	2508 Country Club Prado		
83			
84 City	Coral Gables	FL	85 Zip Code 33134

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 type: ☐ Typed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CABRERA, ALVARO M.			1.2 NAME	Cabrera, Alvaro M.		
STREET ADDRESS	1332 AUSTRIA AVE.			1.3 STREET ADDRESS	2508 Country Club Prado		N/A
CITY-ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CABRERA, JACQUELINE M.			2.2 NAME	Cabrera, Jacqueline M.		
STREET ADDRESS	1332 AUSTRIA AVE.			2.3 STREET ADDRESS	2508 Country Club Prado		N/A
CITY-ST-ZIP	CORAL GABLES FL 33134			2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
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			

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)