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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K86323

(8)

FILED
Apr 14 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address	
· · · · · · · · · · · · · · · · · · ·	
ALFREDO L. GONZALEZ 12232 SW 8 STREET ALFREDO L. GONZALEZ 12232 SW 8 STREET	
MIAMI FL 33184 MIAMI FL 33184	DO NOT WRITE IN THIS SPACE
;	corporated or Qualified
2. Principal Place of Business 2a. Mailing Address 4. FEI Nu	3/1989
21 26 65- Suite, Apt. #, etc. Suite, Apt. #, etc.	\$0.75 Additional
22 27 5. Certific	ate of Status Desired Fee Required
	n Campaign Financing \$5.00 May Be
28 Trust F	und Contribution
	rporation owes or has paid the current year Intangible
24 25 29 30 Person	al Property Tax due June 30. Yes No
······································	and Address of New Registered Agent
GONZALEZ, ALFREDO L. 81 Name	
3225 AVIATION AVE 82 Street Address (P.O. Box	Number is Not Acceptable)
STE. 400	· · · · · · · · · · · · · · · · · · ·
MIAMI FL 33133	
84 City	85 Zip Code
	FL S Z FC FL FL FL FL FL FL FL
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submoffice or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. 	ts this statement for the purpose of changing its registered directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Fforida Statutes.	
SIGNATURE	
Signature, typed or printed name of registered agont and tric if appt-catale (NOTE Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITION	DNS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PTV DELETE 1.1 TITLE	Change Addition
NAME AROCHA, ALFONSO 1.2 NAME	
STREET ADDRESS 12232 SW 6TH ST 1.3 STREET ADDRESS	·
CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP	
TITLE SD DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME AROCHA, ALFONSO 2.2 NAME	
STREET ADDRESS 12232 SW 8TH ST 23 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS)
CITY-SI-ZIP 3.4. CITY-ST-ZIP	
TITLE 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
ALAMP CONTACT	
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
STREET ADDRESS 5.3 STREET ADDRESS CTY-ST-ZIP 5.4 CITY-ST-ZIP TITLE	Change Addition
5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME	Change Addition
STREET ADDRESS 5.3 STREET ADDRESS CTY-ST-ZIP 5.4 CITY-ST-ZIP TITLE	Change Addition

14. I 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 focioiver or trustose 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 one statuschment with an address.

SIGNATURE:

MINHE

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