

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

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Jun 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
~~1997~~ 1998

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

DOCUMENT # L46925 (8)  
1. Corporation Name  
AL & MARIA, CORPORATION

Principal Place of Business  
13730 STATE RD 84  
#42  
DAVIE FL

Mailing Address  
13730 STATE RD 84  
#42  
DAVIE FL 33325-5306

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Zip                 |
| 24                             | 29                  |
| Country                        | Country             |
| 25                             | 30                  |

|                                                                                                                                                    |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Created<br>02/02/1990                                                                                                      | 3a. Date of Last Report<br>06/07/1996 |
| 4. FEI Number<br>65-0206841                                                                                                                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                          | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                 | \$5.00 May Be<br>Added to Fees        |
| 7. This corporation has liability for intangible tax under s. 199.03,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |
| 10. Name and Address of New Registered Agent                                                                                                       |                                       |

|                                                        |  |                                                        |
|--------------------------------------------------------|--|--------------------------------------------------------|
| 9. Name and Address of Current Registered Agent        |  | 81. Name                                               |
| SANCHEZ, ALBERT<br>13730 STATE RD 84<br>DAVIE FL 33325 |  | 82. Street Address (P.O. Box Number is Not Acceptable) |
|                                                        |  | 83.                                                    |
|                                                        |  | 84. City                                               |
|                                                        |  | FL 85. Zip Code                                        |

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 translation)

|                            |                        |                                                     |                                                                   |
|----------------------------|------------------------|-----------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, ETC. |                                                                   |
| TITLE                      | PD                     | 1.1 TITLE                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SANCHEZ, ALBERT        | 1.2 NAME                                            |                                                                   |
| STREET ADDRESS             | 13730 STATE RD 84, #42 | 1.3 STREET ADDRESS                                  |                                                                   |
| CITY-ST-ZIP                | DAVIE FL               | 1.4 CITY-ST-ZIP                                     |                                                                   |
| TITLE                      | SD                     | 2.1 TITLE                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SANCHEZ, MARIA         | 2.2 NAME                                            |                                                                   |
| STREET ADDRESS             | 13730 STATE RD 84, #42 | 2.3 STREET ADDRESS                                  |                                                                   |
| CITY-ST-ZIP                | DAVIE FL               | 2.4 CITY-ST-ZIP                                     |                                                                   |
| TITLE                      | ADMINISTRATOR          | 3.1 TITLE                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LUIS PADRON            | 3.2 NAME                                            |                                                                   |
| STREET ADDRESS             | 13730 STATE RD 84      | 3.3 STREET ADDRESS                                  |                                                                   |
| CITY-ST-ZIP                | DAVIE FL 33325         | 3.4 CITY-ST-ZIP                                     |                                                                   |
| TITLE                      | D.P.                   | 4.1 TITLE                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DANIEL HERNANDEZ       | 4.2 NAME                                            |                                                                   |
| STREET ADDRESS             | 13730 SR 84            | 4.3 STREET ADDRESS                                  |                                                                   |
| CITY-ST-ZIP                | DAVIE, FL 33325        | 4.4 CITY-ST-ZIP                                     |                                                                   |
| TITLE                      | V.P.                   | 5.1 TITLE                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EMILIO FOSSAS          | 5.2 NAME                                            |                                                                   |
| STREET ADDRESS             | 13730 SR 84            | 5.3 STREET ADDRESS                                  |                                                                   |
| CITY-ST-ZIP                | DAVIE, FL 33325        | 5.4 CITY-ST-ZIP                                     |                                                                   |
| TITLE                      |                        | 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(1)(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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 196, 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

CR2E034 (9/96)

USA POSTAL CENTER

PAGE 2  
13730 State Road 84  
Davle, FL. 33325-5306  
Tel (954) 370-0068  
Fax (954) 370-0182

June 23, 1998

Division of Corporations  
Annual Report Filing  
P.O. Box 6327  
Tallahassee, FL. 32314

AL & MARIA Corporation    FEI 65-0206841

To Whom It May Concern:

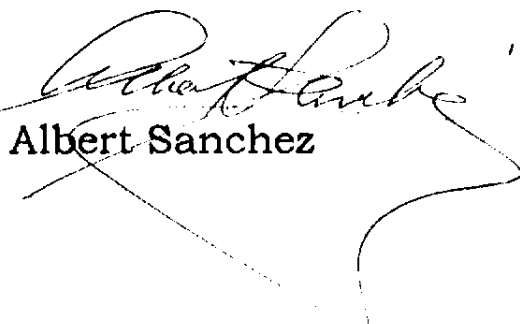
Please find enclosed our check # 1149 in the amount of \$ 150.00 to pay for the Annual Report.

We're paying it late because we never received the 1998 report and unintentionally overlooked sending it.

We contacted your office and was asked to send a copy of the 1997 Report and send it with a letter.

We thank you for your cooperation and understanding in this matter.

Very Truly Yours,

  
Albert Sanchez