## FILE NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600027756 1. Corporation Name

ALICAN, INC.

Principal Place of Business 316 ROYAL POINCIANA PLAZA

Mailing Address

316 ROYAL POINCIANA PLAZA

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90041 011 \*\*\*150.00



PALM BEACH FL 33480-4020		PALM BEACH FL 33480-4020		DO NOT WRITE IN THIS SPACE	
				3. Date Ir corporated or Qualifed	
				03/27/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
340 R	oyal Poinciana Wa		Poinciana	Way 65-0712911	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
	<u>Suite 316</u>	27  Suite 316			Fee Recuired
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u>Palm Beach; FL</u>	28 Palm Beach		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	ntangible □ Yes []No
24 , 3		29 33480 <u>3</u>	o USA	Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	Agent
TADA	MILIAM E ECO			jlliam F. Tarr, Esq.	
				acdress (P.O. Box Number is Not Acceptable)	- 1 HO 1 H
316 ROYAL POINCIANA PLAZA 340 Royal Poinciana Way, Suite 316					
THE STATE OF THE S			83		
			84 City	Roach	85 Zip Code
			Palm	DEGLU	-     JJJ3.U.V
office or re	to the provisions of S∈ctions 607.0502 egistered agent, or bo h, in the State o m familiar with, and accept the obligati	f Florida. Such change was ถนป	norized by the corpo	corporation submits this statement for the purpose ration's board of cirectors. I hereby accept the app	ointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	_	egistered Agent signature re	ou red when reinstating) OATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS /	ND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	340 Royal Poinciana Way	☐ Change ☐ Addition
NAME	FANJUL, CATHERINE		1.2 NAME		RRECTION
STREET ADDRE 3S	316 ROYAL POINCIANA PLAZA		1.3 STREET ADDRESS	Palm Beach, FL 33480	I I I I I I I I I I I I I I I I I I I
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-ST-ZIP	Tumi Beach, 12 33 100	
TITLE	ST	☐ DELETE	2.1 TITLE	340 Royal Poinciana Way	☐ Change ☐ Addition
NAME	FANJUL, ANDRES B		22 NAME	Suite 316 CO	RRECTION
STREET ADDRESS	316 ROYAL POINCIANA PLAZA		2 3 STREET ADDRESS	Palm Beach, FL 33480	
CITY-ST-ZIP	PALM BEACH FL 33480		2 4 CITY-ST-ZIP		
TITLE	White State Comment	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	*		32 NAME		
STREET ADDRE 3S	,		33 STREET ADDRESS		
CITY-ST-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	Š.J.t	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	<b>製料に基本の対象とと</b>		5.2 NAME		
STREET ADDRE 3S	336 TT 166 100 11 11 11		5 3 STREET ADDRESS		
CITY-ST-ZIP	(a) (A		5.4 CITY-ST-ZIP		
TITLE	23	☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	Str March Control		6.3 STREET ADDRESS		`
CITY OF 7ID	Regardation of the control of the co		6.4 CITY-ST-ZIP		

14. I hereb / 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 rum an officer or director of the corporation or the receiver or trustee empowered to receive this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with all other like empowered.

SIGNATURE:

Secretary

561-655-6303