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 #

(9)

Principal Place of Business	Malling Address	
2337 NW 21 TERR MIAMI FL 33142 US	5766 SW 41ST STREET MIAMI FL 33155 US	3. Date Inco
		11/25/1
2. Principal Place of Business	2s. Mailing Address	4. FEI Numb
21	26	59-139
Suite Ant #Letc	Suite Ant # eta	

FILED Mar 13 1998 8:00am Secretary of State

ALBRO	INC									
Principal Plac	Mailing Address	lling Address						A BIBA HEL		
2337 NW 21 TERR 5766 MIAMI FL 33142 MIAM		5766 SW 41ST STREET MIAMI FL 33155	766 SW 41ST STREET HAMI FL 33155		DO NOT WRITE II	N THIC C	DACE			
US		U\$				3. Date Incorporated or Qualified	IN ITHIS S	FACE		\neg
						11/25/1969				
2. Principal f	Place of Business	2s. Mailing Address				4. FEI Number		I A	pplied For	\dashv
21		26	<u>⊢</u>			1,10k			ot Applicable	_
		Suite, Apt. #, etc.	Suite, Apt. #, etc.				П		Additional	7
22		27			5. Certificate of Status Desired		Fee R	equired		
City & State		City & State		6. Election Campaign Financing		\$5.00	May Be	1		
23		28	,			Trust Fund Contribution			to Fees	
Zip	Country	Zip		untry		8. This corporation owes or has paid		- ' -		
24	25 9. Name and Address of Current	29 Pagistered Apont	30	1		Personal Property Tax due June 3			☐ No	4
		Logisteren Agerit		81	Name	10. Name and Address of New Regi	Stered A	gent		\dashv
	VAREZ, DANILO									
	36 S.W 41ST STREET			82	Street Addr	ess (P.O. Box Number is Not Acceptable	9)			7
MIF	AMI FL 33155			83						4
				84	City		FL	85 Zip	Code	
office or i agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation of the section					oration submits this statement for the pur on's board of directors. I hereby accept		changing it intment as	s registered registered	l
12.	OFFICERS AND		13.	o Agen	it signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DC AND	DIDECTOR	E IN 10	⊣ ნ
TITLE	PST	DELETE	1.1 10	TLE		ADDITIONS/CHANGES TO OFFICE	NO AND	Change	Addition	2
NAME	ALVAREZ, DANILO		1.2 N/	1.2 NAME 1.3 STREET ADDRESS			_			-
STREET ADDRESS	5766 S.W 41ST STREET		1.3 ST							2
CITY-ST-ZIP	MIAMI FL 33155		1.4 CI	TY-ST-	- ZIP					2
TITLE	D	DELETE	2.1 TF	TLE			[Change	☐ Addition	
NAME	RODRIGUEZ, HECTOR		2.2 N/	AME						
STREET ADDRESS	5360 N.W. 180TH TERRACE		2.3 ST	REET A	DDRESS					i
CITY-ST-ZIP	MLAMI FL		2.40	ITY-ST	- 719					
TITLE	/ V	☐ DELETE	3.1 TII	TLE	_			Change	Addition	1
NAME	ALVAREZ, LUCELY		3.2 NA							
STREET ADDRESS	494 S.W. 9TH ST.		3.3 ST	REET A	DDRESS					
CITY-ST-ZIP	MIAMI FL 33155	T process		ITY-ST	-ZIP					4
TITLE	D ALVAREZ OLIKLIO	☐ DELETE	4.1 111				L	Change	Addition	
NAME STREET ADDRESS	ALVAREZ, PHILLIP		4.2 N							
j	5766 S.W 41ST STREET				DDRESS					-
CITY-ST-ZIP TITLE	MIAMI FL 33155	DELETE	4.4 CR 5.1 T(T	IY-\$7-	- ZIP			Change	Addition	1
NAME		L. DELETE	5.2 NA					- Onange	- Addition	
STREET ADDRESS					DORESS					
CITY-ST-ZIP			5.4 CIT		1					
TITLE		DELETE	6.1 717		E-13		F	Change	Addition	1
NAME			6.2 NA				-	: -:		
STREET ADDRESS					DDRESS					
CITY-ST-ZIP			6.4 CIT							1

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 receiver or trusted ampowered 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.