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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 356704**

1. Corporation Name ALNAT, INC.

Principal Place of Business 11543-45 QUAIL ROOST DRIVE Mailing Address

11543-45 QUAIL ROOST DRIVE

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90089 037 \*\*\*150.00



MIRWI FL 33137-0347		MINNI FE 33137-0347			DO NOT WRITE IN THIS SPACE			
i					3. Date Incorporated or Qualifed 12/12/1969			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number			Applied For	
21		26	_		59-1384905			Not Applicable
Suite, Apt-	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	J		75 Additional e Required
City & Stat	e .	City & State			6. Election Campaign Financing Trust Fund Contribution	]		00 May Be
Zip	Country	Zip	Country	,	8. This corporation owes the current	vear Inta		
24	25		30		Personal Property Tax.	,	Yes	□No
	9. Name and Address of Curn			-	10. Name and Address of New Reg	istered A	gent	
				Name				
WERNON, ALLEN				Ch	draw (D.O. Bay Niyashar in Nat Accountable		<del></del>	
11543-45 QUAIL ROOST DR			82	82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33157			83	3				
			84	City		FL	85	Zip Code
44 0	to the annial and Continue CO7 O	ED2 and 607 1E09 Elorida Statuto	a the char	n samed see	rporation submits this statement for the pu		hangin	n its registered
office or r agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flori	ithorized by ida Statutes	the corpora	tion's board of directors. I hereby accept the	ne appoin	tment a	s registered
SIGNATURE	Signature, typed or printed name of registered a	AVITE.	Registered App	et elegature requi	ired when reinstating)	DATE		
12.		AND DIRECTORS	13.	ii signatura requi	ADDITIONS/CHANGES TO OFFIC		D DIRE	CTORS IN 12*2
TITLE .	P	DELETE	1.1 TITLE		1,000,100,000,000		☐ Chai	
	WERNON, AL		1.2 NAME				_	
NAME	8831 SW 152 STREET			TADORESS	•			
STREET ADDRESS	MIAMI FL			-				
CITY-ST-ZIP	ST	☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP			☐ Chai	nge
TYTLE	WERNON, NATALIE	O DEEL 12						
NAME	8831 SW 152 STREET		2.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	MIAMI FL	- Delete	2. 4 CITY-5	ST-ZIP			Char	nge
TITLE		☐ DELETE	3.1 TITLE				LJ Char	ige Modilion
NAME			3.2 NAME	Ì				
STREET ADDRESS				TADDRESS				
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TITLE		☐ DELETE	4.1 TITLE				☐ Cha	nge 🗌 Addition
NAME			4. 2 NAME	ľ				
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-\$T-ZIP			4.4 CITY-S	T-ZIP				
TITLE		□ DELETE	5.1 TITLE				Chai	nge
NAME			5.2 NAME	{				
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETÉ	6.1 TMLE				☐ Chai	nge 🗌 Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADORESS				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				

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 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, with all other like empowered.

SIGNATURE: