

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 368686 (2)

1. Corporation Name

ALOGA CORPORATION OF FLORIDA

Principal Place of Business

% MARCIA B. CABALLERO
2450 SW 137TH AVE. S-221
MIAMI FL 33175

Mailing Address

% MARCIA B. CABALLERO
2450 SW 137TH AVE. S-221
MIAMI FL 33175



3. Date Incorporated or Qualified
08/20/1970

3a. Date of Last Report
04/12/1995

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

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CABALLERO, MARCIA B.
2450 S.W. 137 AVE
MIAMI, FL FL 33135

81 Name

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME GALAN F. MANUEL V.
STREET ADDRESS 2450 SW 137 AVENUE
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME DE GALAN, ALICIA RIESGO
STREET ADDRESS 2450 SW 137 AVENUE
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME LOPEZ CASTANO, RAMON
STREET ADDRESS 2450 SW 137 AVENUE
CITY-ST-ZIP MIAMI FL

3.1 TITLE P/D ☒ Change ☐ Addition
3.2 NAME CARBALLEIRA DE LOPEZ, MARIA ROSA
3.3 STREET ADDRESS 2450 SW 137 AVENUE
3.4 CITY-ST-ZIP MIAMI, FL 33175

TITLE VD ☒ DELETE
NAME CARBALLEIRA DE LOPEZ, MARIA
STREET ADDRESS 2450 SW 137 AVENUE
CITY-ST-ZIP MIAMI FL

4.1 TITLE V/D ☒ Change ☐ Addition
4.2 NAME LOPEZ CARBALLEIRA, RAMON
4.3 STREET ADDRESS 2450 SW 137 AVENUE
4.4 CITY-ST-ZIP MIAMI, FL 33175

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Maria Rosa Carballeira de Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/96

Daytime Phone #

CR2E034 (12/95)