


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

FILED

Apr 01 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 368686 (2)</b> 1. Corporation Name <b>ALOGA CORPORATION OF FLORIDA</b>					
Principal Place of Business <b>% MARCIA B. CABALLERO 2450 SW 137TH AVE. S-221 MIAMI FL 33175</b>			Mailing Address <b>% MARCIA B. CABALLERO 2450 SW 137TH AVE. S-221 MIAMI FL 33175</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>08/20/1970</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-1315017</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>CABALLERO, MARCIA B. 2450 S.W. 137 AVE MIAMI, FL FL 33135</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	GALAN F. MANUEL V.				
STREET ADDRESS	2450 SW 137 AVENUE				
CITY-ST-ZIP	MIAMI FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	DE GALAN, ALICIA RIESGO				
STREET ADDRESS	2450 SW 137 AVENUE				
CITY-ST-ZIP	MIAMI FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	CARBALLEIRA DE LOPEZ MARIA ROSA				
STREET ADDRESS	2450 SW 137 AVENUE				
CITY-ST-ZIP	MIAMI FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	CARBALLEIRA, RAMON				
STREET ADDRESS	2450 SW 137 AVE				
CITY-ST-ZIP	MIAMI FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

*Maria Rosa Carballeira de Lopez* 3/16/98

PRESIDENT, MARIA ROSA CARBALLEIRA DE LOPEZ

CR2E034 (10/97)