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Apr 07, 1999 8:00 am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 368686 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 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | |
| 9. Name and Address of Current Registered Agent CABALLERO, MARCIA B. 2450 S.W. 137 AVE MIAMI, FL FL 33135 | | 10. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP | SD GALAN F. MANUEL V. 2450 SW 137 AVENUE MIAMI FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | V- RAMON LOPEZ CARBALLEIRA 2450 SW 137 AVE MIAMI FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DE GALAN, ALICIA RIESGO 2450 SW 137 AVENUE MIAMI FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CARBALLEIRA DE LOPEZ MARIA ROSA 2450 SW 137 AVENUE MIAMI FL | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V- CARBALLEIRA, RAMON 2450 SW 137 AVE MIAMI FL | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | V- CARBALLEIRA, RAMON LOPEZ 2450 SW 137 AVENUE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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:

Marcia B. Caballero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)