

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

FILED
Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90006 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 445552

(3)

1. Corporation Name
ALGUS ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1974

4. FEI Number

59-1536527

Applied For
Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

Principal Place of Business

2165 N.W. 17TH AVENUE
MIAMI FL 33142

5959 N.W. 35th Avenue
Miami FL 33142

Mailing Address

2165 N.W. 17TH AVENUE
MIAMI FL 33142

5959 N.W. 35th Avenue
Miami FL 33142

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

City & State

30

9. Name and Address of Current Registered Agent

GUSTAVO R. LIMA
2165 N.W. 17TH AVENUE
MIAMI FL 33142

5959 N.W. 35th Avenue
Miami FL 33142

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIMA, GUSTAVO R	
STREET ADDRESS	2165 NW 17 AVE.	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	LIMA, EDITH	
STREET ADDRESS	2165 NW 17 AVE.	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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"/> Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/98 305 326 0101

Date

Daytime Phone #

0203335

ALGUS

ENTERPRISES, INC.

445552
579101-90006-33

JUNE 10, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORTS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

ENCLOSED PLEASE FIND OUR CHECK FOR THE AMOUNT OF \$ 150.00
WITH COPY OF 1998 PROFIT CORPORATION ANNUAL REPORT.

PLEASE EXCUSE OUR DELAY IN FILING, BUT WE MOVED AND HAVE
NOT RECEIVED THE 1999 REPORT.

SINCERELY,



GUSTAVO R. LIMA
PRESIDENT