

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 641394 (2)

1. Corporation Name

INTERNATIONAL ALIGNMENT AND FRAME CORP.

Principal Place of Business

Mailing Address

3251 N W 30ST
MIAMI FL 33142
US

3251 N W 30TH ST
MIAMI FL 33142
US



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		10/02/1979	08/09/1995
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	Applied For
				59-1942780	Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
23 Zip		28 Zip		6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/>
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.03?	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Florida Statutes	

9. Name and Address of Current Registered Agent

REYES, VICTOR NEGRON
6135 SW ROLLING RD DR
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name	RODRIGUEZ & QUINECELES, PA.
82 Street Address (P.O. Box Number is Not Acceptable)	782 N. LE JUNE RD SUITE 541
83	
84 City	MIAMI
FL	85 Zip Code 33126

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 of 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

ROBERT W. RODRIGUEZ

6/10/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REYES, VICTOR NEGRON	
STREET ADDRESS	8617 SW 147 COURT	
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		
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JUDE ALCINDOR	
1.3 STREET ADDRESS	19600 NE MIAMI CT	
1.4 CITY-ST-ZIP	MIAMI, FL 33179	
2.1 TITLE	JOSE PASSARIELO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT	
2.3 STREET ADDRESS	6195 SW 120 ST	
2.4 CITY-ST-ZIP	MIAMI FLA 33156	
3.1 TITLE	NEIDA PASSARIELO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TR. AGUERO	
3.3 STREET ADDRESS	6195 SW 120 ST	
3.4 CITY-ST-ZIP	MIAMI FLA, 33156	
4.1 TITLE	KETLEY ALCINDOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SECRETARY	
4.3 STREET ADDRESS	19600 NE MIAMI CT	
4.4 CITY-ST-ZIP	MIAMI, FL 33179	
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		

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JUDE ALCINDOR

JUDE ALCINDOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-634-7924

CR2E034 (3/96)