

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

FILED

Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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

**3251 N W 30ST
MIAMI FL 33142
US**

Mailing Address

**3251 N W 30ST
MIAMI FL 33142-6311
US**

3. Date Incorporated or Qualified
10/02/1979

3a. Date of Last Report
07/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1942780

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RODRIGUEZ & QUINCOCES, P.A.
782 N. LE JEUNE RD
SUITE 541
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name **ALCINDOR JUDE**
82 Street Address (P.O. Box Number is Not Acceptable)
19600 NE MIAMI CT
83
84 City **MIAMI** FL 85 Zip Code **33179**

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 *Jude Alcindor*

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	P	<input type="checkbox"/> DELETE
NAME	ALCINDOR, JUDE	
STREET ADDRESS	19600 NE MIAMI CT	
CITY - ST - ZIP	MIAMI FL 33179	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PASSARIELLO, JOSE	
STREET ADDRESS	6195 SW 120 ST	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PASSARIELLO, NEIDA	
STREET ADDRESS	6195 SW 120 ST	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALCINDOR, KETLEY	
STREET ADDRESS	19600 NE MIAMI CT	
CITY - ST - ZIP	MIAMI FL 33179	
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	

14. I do 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.

SIGNATURE: *Jude Alcindor* **JUDE ALCINDOR**

2-11-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)

**STATEMENT OF CHANGE OF DIRECTORS
AND OFFICERS
OF INTERNATIONAL ALIGNMENT and FRAME CORP.
AND NOTICE OF RESIGNATION OF JOSE PASSARIELLO**

To the Secretary of State of the State of Florida:

Pursuant to the provisions of Section 607.011 Florida Statutes, the undersigned Florida Corporation, Submits the following statement for the purpose of changing its Officers and Directors of the Florida Corporation known as INTERNATIONAL ALIGNMENT and FRAME CORP.

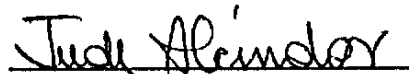
1). The new Registered Agent is JUDE ALCINDOR, 19600 N.W. Miami Court, Miami, Florida 33179

2). The name and addresses of the new Stockholders, Directors and Officers are as follows:

Title	Address	No. of Shares
a). President/Treas. Sec.	JUDE ALCINDOR 19600 N.E. Miami Ct. Miami, Fl 33179	30

I, JOSE PASSARIELLO, do hereby tender my resignation as Officer, Director and/ or registered Agent for the above corporation effective immediately


JOSE PASSARIELLO,
Sec./Treas./ Vice-Pres.


JUDE ALCINDOR, PRESIDENT

STATE OF FLORIDA)

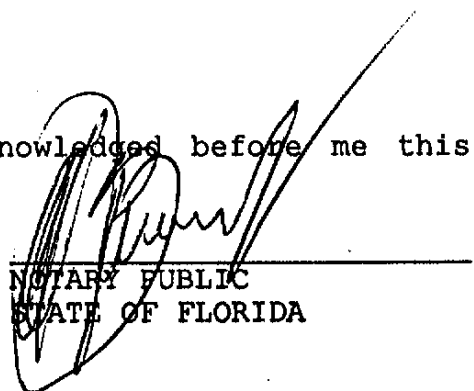
:SS

COUNTY OF DADE)

17 The foregoing instrument was acknowledged before me this
day of December 1996.



PHILLIP J BRUTUS
My Commission 00540917
Expires Mar 18, 2000


NOTARY PUBLIC
STATE OF FLORIDA