FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **650661** **(2)**

1. Corporation Name

ALPHA ENERGY PRODUCTS, INC.

Principal Place of Business	Mailing Address
7027 SW 87TH COURT MIAMI FL 33173	7027 SW 87TH COURT MIAMI FL 33173

3. Date Incorporated or Qualified: **01/01/1980**
3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1962521** ☐ Applied For ☐ Not Applicable

5. Certification 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

BARBARA, LOUIS J SR
7027 SW 87TH CT
MIAMI FL

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 607.0202 and 607.1573, Florida Statutes, for 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME	BARBARA, LOUIS J SR		1. NAME	
STREET ADDRESS	7027 SW 87TH CT		1. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1. CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2. TITLE	☐ Change ☐ Addition
NAME	BARBARA, HARRIETE		2. NAME	
STREET ADDRESS	7027 SW 87TH CT		2. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2. CITY-ST-ZIP	
TITLE		☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME			3. NAME	
STREET ADDRESS			3. STREET ADDRESS	
CITY-ST-ZIP			3. CITY-ST-ZIP	
TITLE		☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME			4. NAME	
STREET ADDRESS			4. STREET ADDRESS	
CITY-ST-ZIP			4. CITY-ST-ZIP	
TITLE		☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME			5. NAME	
STREET ADDRESS			5. STREET ADDRESS	
CITY-ST-ZIP			5. CITY-ST-ZIP	
TITLE		☐ DELETE	6. TITLE	☐ Change ☐ Addition
NAME			6. NAME	
STREET ADDRESS			6. STREET ADDRESS	
CITY-ST-ZIP			6. CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate and current; and that I am a duly authorized 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 with an address.

SIGNATURE: Louis J. Barbara 348-96 954-271-8815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number