## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 664195 (5)1. Corporation Name ALNOR ENTERPRISES, INC. Principal Place of Business Mailing Address 8811 SW 52 ST 8811 SW 52 ST MIAMI FL 33165 MIAMI FL 33165 3. Date Incorporated or Qualified 3a. Date of Last Report 02/04/1980 05/01/1995 2. Principal Place of Business 2a. Mailing Address FEL Number Applied For 21 26 59-1981479 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 23 Trust Fund Contribution Added to Fees Zio Country Zφ Country 8. This corporation has liability for intangible tax under s 199,032. 24 25 30 Elorida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name NOSWA OTERO, ALFREDO Street Address (P.O. Box Number is Not Accept 82 8851 SW 52 ST MIAMI FL 83 84 City 33165 85 MIAMI 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 familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Ring stored Agont signature required when reinstitling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFTE 1. 1 TITLE Change Add tion NAME OTERO, MARIA C 1.2 NAME 8811 SW 52 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CITY - ST- ZIP TITLE DELETE 2 1 TITLE Change ☐ Addition NA ME OTERO, NORMA 2.2 NAME STREET ADDRESS 8811 SW 52 ST 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 24 CITY-ST-ZIP TITLE TT DELETE 3 1 THILE Change ☐ Addition NAME LAURIDO, XIOMARA 3.2 NAME 8811 SW 52 ST. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 3.4 CITY - ST - ZIP TITLE DELETE 4. 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4 4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Charige Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST- ZIP TITLE DELETE 6. 1 TITLE ☐ Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-S1-ZIP 14. Ido hereby certify that the information supplied with this filling 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 cath; 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.

CR2E034 (12/95)

305.661-1197