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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 669808

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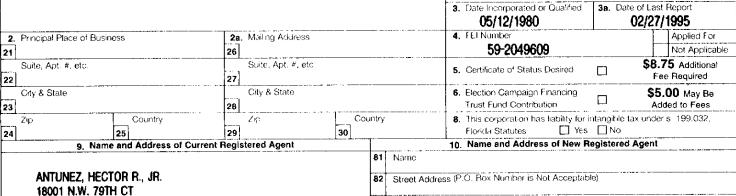
ALTERNATIVE ENTERPRISES, INC.

Mailing Address

18001 N.W. 79TH COURT MIAMI FL 33015

Principal Place of Business

18001 N.W. 79TH COURT MIAMI FL 33015



MIAMI FL 33015

	83						
	84	City			FL	85	Zip Code
abo	vo r	named corpora	ation submits this	statement for the p	urpose of chan	ging	its registered office

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 offine or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607,0505, Florida Statutes.

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SIGNATURE	Signature, typed or partied han ello' registered agent and title in a pair able.	(NOTE: Registered Agent's gratur	e required when renestating	ĐĀ7E	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHAN	IGES TO OFFICERS AND D	RECTORS IN 12

12.	OFFICERS AND DIRECT	UHS	additions/changes to or ricers a		UTONO IN IZ
TIFLE	PST	DELETE	1. 1 TOTLE	☐ Cha	nge 🔲 Addition
NAME 1	ANTUNEZ, HECTOR R., JR		1.2 NAME		
STREET ADDRESS	18001 NW 79TH CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY+ST_ZIP		
T TLF	D	☐ DELÉTE	2 1 TITLE	Cha	nge 🔲 Addition
NAME	ANTUNEZ, HECTOR R., JR		2.2 NAME		
STREET ADDRESS	18001 NW 79TH CT.		2 % STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4.011Y-ST-ZIF		
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Tills		☐] DELETE	4 TITLE	Cha	nge 🔲 Addition
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CiTY - ST - ZIP			4.4 CITY - ST - ZIP		
THE		DELETE	5 1 TITLE	Cha	rige 🔲 Addition
NAME:			5.2 NAME		:
STREET ADDRESS			5.3 STREET ADDRESS		
C-14-S1-Z-P			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 THE	Cha	nge 🔲 Addition
NAME			6.2 NAME		
STHEE! ADDRESS			6.3 STREET ADDRESS		
CHY-ST-ZIP			6.4 C·TY - ST - ZIP		

14. I do hereby certify that the information supplied with this fling 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 armual 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 or on an attache-ent with an address.

SIGNATURE

SIGNING OFFICER OF DIRECTOR

CR2E034 (12/95)