

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 669808 (8)

1. Corporation Name

ALTERNATIVE ENTERPRISES, INC.



Principal Place of Business

18001 N.W. 79TH COURT  
MIAMI FL 33015

Mailing Address

18001 N.W. 79TH COURT  
MIAMI FL 33015

3. Date Incorporated or Qualified

05/12/1980

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2049609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTUNEZ, HECTOR R., JR.  
18001 N.W. 79TH CT  
MIAMI FL 33015

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 607.0502 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

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PST  
ANTUNEZ, HECTOR R., JR  
18001 NW 79TH CT.  
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D  
ANTUNEZ, HECTOR R., JR  
18001 NW 79TH CT.  
MIAMI FL

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HECTOR ANTUNEZ JR. 2/29/96 (305) 825-7672

DATE

DAYTIME PHONE #

CR2E034 (12/95)