FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 676480 (7) ALIFER, INC. Principal Place of Business Mailing Address 3031 NW 18 AVE. 3031 NW 19 AVE. SUITE 404 SUITE 404 MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Zip Country Country 25 30 24 29 9. Name and Address of Current Registered Agent Name FERNANĎEZ, UNO 1910 SW 16TH STREET R2 MIAMI FL 33145 83

FILED Apr 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1980 4. FEI Number Applied For 26-2707029 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 84 City 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 607.0506, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agest and to clif applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 1/11/6 Change Addition TITLE FERNANDEZ, LINO NAME 1.2 NAME 3031 NW 19 AVE #404 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 21 THEF GAYOL, ALINA NAME 2.2 NAME 4867 SW 148TH COURT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE ___ Addition Lino M. Fernandez FERNANDEZ, LIPO NAME 3.2 NAME 19237 NW 80 CT STREET ADDRESS 3.3 STREET ADDRESS 33015 MIAMI FL CITY-ST-ZIP 3 4. CITY-ST-ZIP ☐ Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS**

14. I 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 roport or supplientental 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

6.4 CITY-S1-ZIP

CITY-ST-ZIP