FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 97

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

FILED
Jun 09 1997 8:00am
Secretary of State

DOCUMENT # 843311 (2)

1. Corporation Name
ALINA INVESTMENTS, INC.

Principal Place of Business
7764 N.W. 44TH ST.
SUNRISE FL 33351

Mailing Address
7764 N.W. 44TH ST.
SUNRISE FL 33351

3. Date Incorporated or Qualified: 05/24/1979
3a. Date of Last Report: 03/27/1995

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: 59-1890065 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Total 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
BARTON, JUDITH A
7764 NW 44TH ST.
SUNRISE FL 33351

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 607.0502 and 607.0505, 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 type or print name of corporate officer and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	JANOURA, JOSEPH S.	
STREET ADDRESS	7764 N.W. 44TH ST.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	SD	☐ DELETE
NAME	Pamela Janoura	
STREET ADDRESS	7764 NW 44th St	
CITY-ST-ZIP	Sunrise Fl 33351	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS ABOVE)

1.1 TITLE	SECRETARY/DIRECTOR	☐ Change XXX Addition
1.2 NAME	PAMELA JANOURA	
1.3 STREET ADDRESS	7764 N.W. 44TH STREET	
1.4 CITY-ST-ZIP	SUNRISE, FL	
2.1 TITLE	Vice President	☐ Change ☒ Addition
2.2 NAME	Michael Janoura	
2.3 STREET ADDRESS	7764 NW 44th St	
2.4 CITY-ST-ZIP	Sunrise, Fl 33351	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	300002210743	☐ Change ☐ Addition
5.2 NAME	-06/12/97--01112--023	
5.3 STREET ADDRESS	***8.75	
5.4 CITY-ST-ZIP		
6.1 TITLE	900002210679	☐ Change ☐ Addition
6.2 NAME	-06/12/97--01112--015	CS 6/9/97
6.3 STREET ADDRESS	***165.00	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

I hereby certify that the information supplied with this filing is voluntarily filed and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further I 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 is added in an attachment with an asterisk.

SIGNATURE: [redacted]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: ~~2-15-1996~~ 6-4-97

954-741-7620
Daytime Phone

HERE