

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murpham
Secretary of State
Division of the Corporations

DOCUMENT # F30344

(8)

1. Corporation Name

ALFARO ASSOCIATES INC.

APPROVED
AND
FILED
MAY - 1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **11113 SW 3RD ST
MIAMI FL 33174**
Mailing Address: **11113 SW 3RD ST
MIAMI FL 33174**

3. Date incorporated or qualified: **05/19/1981**
3a. Date of last report: **04/27/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FFI Number: **59-2096071**
Applied for: ☐ Not Applicable

State Apt # etc: **22**

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: ☒ **\$5.00 May Be Added to Fees**

City & State: **28**

7. This corporation has liability for information has caused to: ☐ Yes ☒ No

City & State: **29**

8. This corporation has liability for information has caused to: ☐ Yes ☒ No

City & State: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALFARO, ISRAEL
11113 SW 3RD ST
MIAMI FL 33174**

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 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO THE OFFICERS AND DIRECTORS IN 12

12.1 NAME: **S ALFARO, MARIA T.**
12.2 STREET ADDRESS: **11113 SW 3RD ST**
12.3 CITY, ST, ZIP: **MIAMI, FL 00000**
12.4 NAME: **P ALFARO, ISRAEL**
12.5 STREET ADDRESS: **11113 SW 3RD ST**
12.6 CITY, ST, ZIP: **MIAMI, FL 00000**

13.1 NAME: ☐ Change ☐ Addition
13.2 NAME: ☐ Change ☐ Addition
13.3 NAME: ☐ Change ☐ Addition
13.4 NAME: ☐ Change ☐ Addition
13.5 NAME: ☐ Change ☐ Addition
13.6 NAME: ☐ Change ☐ Addition
13.7 NAME: ☐ Change ☐ Addition
13.8 NAME: ☐ Change ☐ Addition
13.9 NAME: ☐ Change ☐ Addition
13.10 NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 199-071 (b)(1), 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 13 of this filing. I hereby certify on oath and under penalty of perjury.

SIGNATURE:

Israel Alfaro
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95