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

CORPORATION ANNUAL REPORT



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

1996

| 2. Principal Place of Business   2a. Mailing Address   35 P3096071   26 Suite Apt. 4, etc.   Saite Apt. 4, etc.    |  |                               |   | <u> </u>                  |               |                |               | •   | (8)                 | - • •         | F303<br>ATES INC. | n Name<br>IO ASSOCIA | Corporation ALFAR |
|--|--|-------------------------------|---|---------------------------|---------------|----------------|---------------|-----|---------------------|---------------|-------------------|----------------------|-------------------|
| MAMI FL 33174  3. Date incorporated or Qualified   3a. Date of Curlot   05/19/1981   05/07   05/07/19881   05/07/1 |  | 4 TITI 81811 BIBIA BITII 8131 |   | J 1881188 1188 1111 EGINT |               |                | · · · · · · · |     | ailing Address      | Mai           |                   | of Business          | ncipal Place      |
| Principal Pactor of Business   2a. Mailing Address   35-2098071  |  |                               |   |                           |               |                |               |     |                     |               |                   |                      |                   |
| Puncipal Place of Business   2a. Maintg Address   5a   5. Certifical Matter   55   2006(071   5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.  | •  | 3a. Date of Last F            | Qualified                               |                           | 3.            |                |               |     |                     |               |                   |                      |                   |
| Suite, Apt. 9, etc.    Suite, Apt. 9, etc.   27   27   28   28   29   30   30   4   4   4   4   4   4   4   4   4  | Applied For                                    |                               | L                                       |                           | 4.            |                |               |     | Mailing Address     | 2a.           |                   | ace of Business      | Principal Pla     |
| City & State    City & State   City & City & City & State   City &  | Not Applicat                                   |                               |   | 59-2096071                | <u></u>       |                |               |     |                     |               |                   |                      | 0.7.4.            |
| City & State    City & State   28  | 8.75 Additional                                | , , , ,                       | Desired                                 | Certificate of Status Des | 5.            |                |               |     | Suite, Apt. #, etc. | <b>⊢</b> -¬   |                   | #, etc.              | Suite, Apt. :     |
| 28    Trust Fund Commission   X   28     | Fee Required                                   | - Fee                         |   | Flaction Campaign Fran    |               |                |               |     | City & State        |               |                   |                      | City & State      |
| Country   Zep   Country   Zep   30   Country   Richesters   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   11. Name and Address   11. Name and Addr   | 55.00 May Be<br>Added to Fees                  |                               | ~ .                                     |                           | - 1           |                |               |     | •                   | <u>+</u> ₁    |                   | -14 -1.              |                   |
| Second Committee   Second Comm   |  |                               | liability for inti                      | This corporation has list | 8.            |                | Country       |     | Zip                 |               | Country           | —                    | Zip               |
| ALFARO, ISRAEL   11113 SW 3RD ST   MIAMIFEL 33174   82   Street Address (P.O. Biox Number is Not Acceptable)   |  | ***                           | • |                           |               |                |               | 30  | tanad Assaul        |               | d Address of Cu   |                      |                   |
| ALFARO, ISRAEL 11113 SW 9RD ST MIAMI FL 33174  B3  B4 City FL B5  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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Hieraby accept the appointment are registered with, and accept the deligations of, Section 607-0505, Florida Statutos.  NATURE    Stipulate State of Price In State of Price Association (Control Statutos)   Stipulate State of Price In State  | <u>it                                     </u> | legistered Agent              | of New Reg                              | Name and Address of       | 10.           | Name           | 81            |     | tereu Agent         | irent negiste | u Address of Cu   | a. Hame bite         |                   |
| ### 11113 SW 3RD ST   ###   ## |  |                               |   |                           | itter og seks |                |               |     |                     |               |                   | ISRAFI               | AL FARO           |
| MIAMI FL 33174   |  | de)                           | : Acceptable)                           | J. Box Number is Not A    | Address (P.C  | Street         | 82            |     |                     |               |                   |                      |                   |
| 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 or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thorsby accept the appointment as regist familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  INATURE    Significe by Ended name of implicit agenciar a social appointment as regist and accept the proporation of provides agenciar a social appointment as regist and accept the proporation of provides agenciar a social appointment as regist and accept the obligations of, Section 607.0505, Florida Statutes.  INATURE   Significe by Ended name of implicit agenciar a social appointment agenciar a social appointment as regist and statutes. The corporation of directors. Thorsely accept the appointment as regist and accept the obligations of section 607.0505. Florida Statutes.  INATURE   Significe agencia agenci |  |                               |   |                           |               | T              | 83            |     |                     |               |                   |                      |                   |
| 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 or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thorsby accept the appointment as regist familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  INATURE    Significe by Ended name of implicit agenciar a social appointment as regist and accept the proporation of provides agenciar a social appointment as regist and accept the proporation of provides agenciar a social appointment as regist and accept the obligations of, Section 607.0505, Florida Statutes.  INATURE   Significe by Ended name of implicit agenciar a social appointment agenciar a social appointment as regist and statutes. The corporation of directors. Thorsely accept the appointment as regist and accept the obligations of section 607.0505. Florida Statutes.  INATURE   Significe agencia agenci | Zip Code                                       | 95 7                          |   |                           |               | City           | 84            |     |                     |               |                   |                      |                   |
| Taboress   | CTORS IN 12                                    |                               | S 10 OFFICE                             |                           |               | rt signarune r |               |     | 10RS                |               |                   |                      |                   |
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| # COUNTER ASSESSED   |  |                               |   |                           |               | ADDRESS        |               | 1   |                     |               |                   |                      | T ADDRESS         |
| ST-ZIP  6 CITY-ST-ZIP  1 do hereby perify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt on stated in Section 119.07(3)(b). Florida St.   |  |                               |   |                           |               | - 1            |               |     |                     |               |                   |                      | 1                 |

SIGNATURE: \_

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