FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F38120

(4)

ALONSO ENTERPRISES, INC.

Mailing Address

FILED
Jan 26 1998 8:00am
Secretary of State



Principal Plac	e of Business	Mailing Address			1				
7183-7185 SW	/ 8 ST	7183-7185 SW 8 ST	7183-7185 SW 8 ST						
MIAMI FL 331	44	MIAMI FL 33144			İ				
					<u> </u>	DO NOT WRITE	INTHISS	PACE	
					3	. Date incorporated or Qualified			
						07/15/1981			
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			FEI Number		⊢	Applied For
21		26	\ 			59-2116556			Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			.	. Certificate of Status Desired			75 Additional
22		27				. Certificate of Stayes Desired		Fe	e Required
City & State		City & State			6	. Election Campaign Financing		\$5.	00 May Be
23		28				Trust Fund Contribution			led to Fees
Zip	Country	Zip	Country	y	8	. This corporation owes or has pa	ld the curr	eņt yea	r Intangible
24	25	29	30			Personal Property Tax due June 30. 🔀 Yes 🗌 No			
	9. Name and Address of Curren	t Registered Agent			10	, Name and Address of New Re	gistered A	gent	
ALC	ONSO, FIDEL		81	Nan	me				
2449 SW 102 COURT				Chro	at Addraga (D.O. Dou Number is blot Assessed	.ta\		
	MI FL 33145		82 Street Add			P.O. Box Number is Not Acceptab	xe)		
******	WK 1 E 00170		83	1					
•				L					
			84	City	1		1-1	85	Zip Code
				L			<u>FL</u>	4-4	
11. Pursuant :	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	tes, the abov	e-name v the c	ned corporation's	on submits this statement for the p board of directors. I hereby accer	urpose of a	changii intmen	ng its registered t as registered
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									
0.0	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Ag	ent signal	eriw berluper eruts	n reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	P	☐ DELETE	1.1 TITLE		ľ		l	L Chan	nge 📖 Addition
NAME	ALONSO, FIDEL		1.2 NAME						1
STREET ADDRESS	2449 SW 102 COURT		1.3 STREET	T ADDRES	ss				į
CITY-ST-ZIP	Miami Fl		1.4 CITY - 9	ST-ZIP					Ì
TITLE	TS	DELETE	2.1 TITLE					Chan	nge Addition
NAME	ALONSO, ADA	• -	2.2 NAME						
STREET ADDRESS	2449 SW 102 COURT		2.3 STREET	T ADDRES	ee l				
CITY-ST-ZIP	MIAMI FL	•	2.4 CITY-		33				
TITLE	1415 time 1 E	DELETE	3.1 TITLE	31-71	 		····-	Chan	ige Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET		SS				
CITY-ST-ZIP		1 not one	3.4. CITY-	ST-ZIP				- AL	A 23112.
TITLE		☐ DELETE	4.1 TITLE				I	Chan	ige Addition
NAME			4, 2 NAME						1
STREET ADDRESS			4.3 STREET	ADDRES	SS				4
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP					
TITLE		DELETE	5.1 TITLE				Ī	Chan	ge Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRES	ss				
CITY-ST-ZIP			5.4 CiTY - S	ST-71P					
TITLE		DELETE	6.1 TITLE					Chan	ge Addition
NAME			6.2 NAME				-		
				ADDDCO.					İ
STREET ADDRESS			6.3 STREET		»				ŀ
CITY-ST-ZIP	artify that the information supplied wi	th this filing does not out !!!	6.4 CITY - S		tatori in Cochi	on 119 07/9Vi) Florido Statutos I	further ace	tifu that	the information
LAL LIGHTON C	erny niai nieriinikitiaikii sirooleo W	oros mino does noi casiny i	ы ше ехетпо	ILIUI I III	weer iii oeciii	on casomano, fichica alaities, l	icia ici ceri	arv u ledi	a ser a non dealloit

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 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:

Medicular lenser

305-261-3203

CR2E034 (10/97