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Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F92260 (1)

1. Corporation Name  
ALDAK, INC.



Principal Place of Business

OBA THE SNACKERY  
1100 NO UNIVERSITY DR  
PEMBROKE PINES FL 33024  
US

Mailing Address

% ANGEL ALOMA  
7820 NW 42 CT  
HOLLYWOOD FL 33024-8307  
US

3. Date Incorporated or Qualified  
07/28/1982

3a. Date of Last Report  
04/10/1996

2. Principal Place of Business

21 2086 N. UNIVERSITY DR

Suite, Apt. #, etc.

22 City & State

23 PEMBROKE PINES, FL.

24 33024

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29

30

4. FEI Number

59-2215419

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust 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

ALOMA, ANGEL  
7820 NORTHWEST 42ND COURT  
HOLLYWOOD FL 33024

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 607.1508, 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

Angel A. Aloma

ANGEL A. ALOMA (PRES.)

DATE

1-13-96

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ALOMA, ANGEL  
STREET ADDRESS 7820 N W 42 COURT  
CITY-ST-ZIP HOLLYWOOD, FL 00000

TITLE D ☐ DELETE

NAME ALOMA, DENISE  
STREET ADDRESS 7820 N W 42 COURT  
CITY-ST-ZIP HOLLYWOOD, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Angel A. Aloma

ANGEL A. ALOMA

1-13-96

(434) 432-8986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)