

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005209 (0)

1. Corporation Name
ALPHA EQUIPMENTS INC.



Principal Place of Business: **500 PALM AVE HIALEAH FL 33010**
Mailing Address: **500 PALM AVE HIALEAH FL 33010**

3. Date Incorporated or Qualified: **10/24/1995** 3a. Date of Last Report

4. FEI Number: 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

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

22 [] Suite, Apt. #, etc. 27 [] Suite, Apt. #, etc.

23 [] City & State 28 [] City & State

24 [] Zip 25 [] Country 29 [] Zip 30 [] Country

9. Name and Address of Current Registered Agent

**WOLFE, LARRY
200-A JOHN KNOX RD
TALLAHASSEE FL 32303-6643**

10. Name and Address of New Registered Agent

81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: [] 85 Zip Code: **FL** []

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: [] (NOTE: Registered Agent's signature required when re-registering) DATE: []

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	BEZERRA, CELSO M	
STREET ADDRESS	500 PALM AVE	
CITY - ST - ZIP	HIALEAH FL 33010	
TITLE	VDC	<input type="checkbox"/> DELETE
NAME	BEZERRA, EDIR M	
STREET ADDRESS	500 PALM AVE	
CITY - ST - ZIP	HIALEAH FL 33010	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BEZERRA, ESTER R	
STREET ADDRESS	500 PALM AVE	
CITY - ST - ZIP	HIALEAH FL 33010	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BEZERRA, CELSO	
STREET ADDRESS	500 PALM AVE	
CITY - ST - ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/96

CR2E034 (12/95)