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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

G22930

(3)

ALPRO INTERNATIONAL TECHNOLOGY, INC.

Principal Place of Business

Mailing Address



10550 NW HIALEAH I	77 CT. #207 FL 33016	10550 NW 77 CT. #2 HIALEAH FL 33016	207			Date Incorporated or Qualified     02/08/1983	3a. Dat	e of Last F <b>10/02/1</b>	•
	face of Business	2a. Mailing Address				4. FEI Number	L	Ш	Applied For
21 Suite Ant	# ata		26 Suite And H etc			59-2769450	····		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Soile, Apr. 4, etc.			5. Certificate of Status Desired			Additional Required
City & State	е	City & State	City & State		Election Campaign Financing     Trust Fund Contribution			May Be	
Zip <b>24</b>	Country 25	Zıp [29]	30 Cou	ntry	Made de la company de la compa	8. This corporation has liability for in Florida Statutes Yes	ntarygible t	ax under s	199.032,
	g. Name and Address of C	urrent Registered Agent				10. Name and Address of New Re	sistered	Agent	
				81	Name				
HORNA, ALCIBIADES 10550 NW 77 CT. #207				82	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)		
10000	AH FL 33016			83					
				84	City		FL	85 Z	p Code
or registe	red agent, or both, in the State of	.0502 and 607.1508, Florida Statute f Florida. Such change was authorize , Section 607.0505, Florida Statutes.	ed by the c	ve-na corpo	amed corpora ration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	oose of ch intment a	anging its s registered	registered office d agent. I am
SIGNATURE	•				, ., .,				
40	Signature, typed or printed name of registere	d agent and title if explicable (NO: IS AND DIRECTORS		Agent	signature required	when reinstating)  ADDITIONS/CHANGES TO OFF)	DATE	DIDECT	DDC IN 10
12. TITLE	PD	DELETE	13. 1.1 Ti	ITI F	T	ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	HORNA, ALCIBIADES	1.21							
STREET ADDRESS	6554 N.W. 172 LANE		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	MIAMI FL 33015			14 CITY-ST-ZIP					
TITLE	VD DELETE			1 TITLE				Change	Addition
NAME	HORNA, KATIA	2 2 N/	2.2 NAME						
STREET ADDRESS	6554 N.W. 172 LANE		2351	IREET A	ADDRESS				
City-S1-ZiP	MIAMI FL 33015	··	2 4 CI	IY-ST	- 7IP				. <u>.                                   </u>
TITLE		☐ DELETE		3 1 TITLE				Change	☐ Addition
NAME			3 2 N						
STREET ADDRESS			9		ADDRESS				
CITY-S1-7IP		(T) DELETE		ITY-ST	- ZIP			Chance	Addition
TITLE		☐ DEFELE	4.17					Change	Addition
NAME			4.2 N/		15,507.00				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TKILE		DELETE	4.4 Cl	ITY-ST	-207			Change	Addition
NAME			5.1 I 5.2 N/					L] Guange	L) Notified
STREET ADDRESS					address				
				IKEET /					
CITY-ST-ZIP TITLE		☐ DELETE	€ 1 T		-01			Change	Addition
NAME		LJ President	6.2 N					Crimigo	
STREET ADDRESS					ADDRESS				
				INLE F					
CITY-ST-ZIP	by and that the inferrolation are	relied with this filing is voluntarily furn				or the everyntion stated in Section 119	אועמלק	orido Otat	doc I further

14. I do nereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(s). 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:

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

825-3537

Daytime Phone