FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G46898

ALER ENTERPRISES INC

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90057 028 ***150.00

Principal Plac						
	ce of Business	Mailing Address				
15755 NW 15		-			•	
PO BOX 695203		15755 NW 15 AVE PO BOX 695203				
MIAMI FL 33269-9203		MIAMI FL 33269-9203	MIAMI FL 33269-9203		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 06/30/1983	
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number Applied For	\exists
21		26			52-1311543 Not Applicable	e
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			Fee Required	_
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be	- {
Zip	Country	Zip	Countr	.,	Trust Fund Contribution Added to Fees	
24	25	_ ├ ─ ` ,	Countr 30	y	8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Curre		30		Personal Property Tax. Yes No. 10. Name and Address of New Registered Agent	\dashv
			81	Name	10. Halile and Addition of New Ragintales Agent	┪
CH/	ABAN, SHELDON		82			_
15755 NW 15TH AVE				2 Street A	Address (P.O. Box Number is Not Acceptable)	}
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			84	City	Fi 85 Zip Code	7
Pagent. 1 a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are secured to the control of the	or Fiorida. Such change was at	ithorized by	/ the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
						٠,
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age	nt signature req	quired when reinstating) if A A A DATE	
12.	OFFICERS AF	ND DIRECTORS	Registered Age	nt signature req	guired when reinstating) (1.7.15 kg. ↓ DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	OFFICERS AN			nt signature req		on \
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12. TITLE NAME STREET ADDRESS	OFFICERS AND PTD CHABAN, SHELDON 15755 N.W. 15TH AVENUE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	on
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4. 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 supplied in the information indicated on this annual report or supplied in the information of the corporation or the receiver of 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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 3056256701 Fate Davime Phone # R2E034 (11/98)