

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

APPROVED
AND
FILED

95 APR 26 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G98376** (8)

1. Corporation Name

ALONAI CORP.

Principal Place of Business

**7020 S.W. 13TH TERRACE
MIAMI FL 33144-5411**

Mailing Address

**1036 S.W. 1ST ST.
MIAMI FL 33130
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1984

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 1036 S.W. 1 ST.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 MIAMI FLA.

24 33130

25 US

27 City & State

28

29

30

4. FEI Number

59-2396029

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**

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICE
1036 S.W. FIRST STREET
MIAMI FL 33130**

10. Name and Address of New Registered Agent

**81 Name
FLORIDA ANNUAL REPORT SERVICES, INC.**

**82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.**

83

**84 City
MIAMI**

FL

**85 Zip Code
33130**

11. Pursuant to the provisions of Sections 607.009 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 607.0504, Florida Statutes.

SIGNATURE

AMADA C. LOPEZ, PRES

DATE

4/26/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALONSO, BACILIO
STREET ADDRESS	133 N.W. 59TH AVE.
CITY- ST- ZIP	MIAMI FL
TITLE	STD
NAME	ALONSO, AIDA
STREET ADDRESS	133 N.W. 59TH AVE.
CITY- ST- ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	P/D. ALONSO AIDA
1.3 STREET ADDRESS	133 N.W. 59TH. AVENUE
1.4 CITY- ST- ZIP	MIAMI FLA.
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	S/T/D. ALONSO AIDA
2.3 STREET ADDRESS	133 N.W. 59TH. AVENUE
2.4 CITY- ST- ZIP	MIAMI FLA.
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	900001407588
3.3 STREET ADDRESS	-04/28/95--01010--001
3.4 CITY- ST- ZIP	****200.00 ****200.00
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Aida Alonso PRES/DIR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95