

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 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 # H19999 (2)

1. Corporation Name  
ALFA, ALFA, INC.

Principal Place of Business  
2099 NORTHEAST 163RD STREET  
NORTH MIAMI BEACH FL 33162-4901

Mailing Address  
2099 NORTHEAST 163RD STREET  
NORTH MIAMI BEACH FL 33162-4901



3. Date Incorporated or Qualified 09/07/1984  
3a. Date of Last Report 07/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1150 NE 165 TERR	26 1150 NE 165 TERR	59-2451380	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		
23 N. MIAMI BEACH, FL	28 N. MIAMI BEACH, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip		
24 33162	29 33162	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
Country	Country		
25 USA	30 USA		

9. Name and Address of Current Registered Agent

ZAIRIS, CONSTANTINOS  
1150 NE 165 TERRACE  
MIAMI FL 33162

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	
NAME	ZAFIRIS, CONSTANTINOS	1.2 NAME	
STREET ADDRESS	1150 NE 165 TER	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ZAFIRIS, KATINA	2.2 NAME	
STREET ADDRESS	1150 NE 165 TER	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Katrina Zafiris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97  
Date Daytime Phone # 0220445

CR2E034 (9/96)