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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H94230

(0)

ALANIS, INC.

FILED								
Feb	11	1997	8:00am					
Secretary of State								



Principal Place of Business Mailing Address							
3785 N.W. 82ND AVE SUITE 308		3785 N.W. 82ND AVE					
		SUITE 306					
MIAMI FL 3316	96	MIAMI FL 33166-6631				1	
US		US			3. Date incorporated or Qualified 01/16/1986	<b>3a.</b> Date of Last Report <b>05/10/1996</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26			59-2700926	Not Applicable	
Suite, Apt. #, etc.		<u>}</u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip	Country				Trust Fund Contribution	Added to Fees	
24	25	29	30	= ::* <i>\$</i>	8. This corporation has liability for in Florida Statutes	Yes No	
<u></u>	9. Name and Address of Currer		1201	T	10. Name and Address of New Reg		
AJA	GBE, AUGUSTINE OLABODE			81 Name		·· - · · · · · · · · · · · · · · · · ·	
	5 SW 136TH ST.			82 Street Addi	race (P.O. Boy Number in Not Accompable	۵)	
MIAMI FL 33176				Sireer Addi	Address (P.O. Box Number is Not Acceptable)		
				83			
				84 City		<b> 85</b> Zip Code	
				<b>84</b> City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	)2 and 607.1508, Florida 3	Statutes, the a	bove-riamed corp	poration submits this statement for the pu	rpose of changing its registered	
agent. I a	egistered agentror both, in the State im familiar with and alleep the oblig	For Florida, Such change ations of, Section 607.050	was authorizo 5. Florida Sta	au ay me corporat itutes.	poration submits this statement for the pution's board of directors. I hereby accept	the appointment as registered	
SIGNATURE		IGUSTINE AJA	GBF		1/9/9"	7	
	Signature, typed or punted name of registered age	ent and little if applicable	(NOTE higistere	ed Agent signature requi		DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	AJAGBE, AUGUSTINE	ווועו ב	1			Change L Addition	
NAME	9505 S.W. 136TH ST.			IAME		•	
STREET ADDRESS	MIAMI FL 33176			STREET ADDRESS			
CITY-ST-ZIP TITLE	CT CT	DELET		CITY - ST - ZIP		Change Addition	
NAME	AJAGBE, ADETUTU		271			change noutron	
STREET ADDRESS	9505 S.W. 136TH ST.			STREET ADDRESS	•		
CITY-ST-ZIP	MIAMI FL 33176			City-St-ZIP			
TITLE		DELET			<del></del>	Change Addition	
NAME			3.2 N				
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				City - S1 - ZiP			
TITLE		☐ DELET				☐ Change ☐ Addition	
NAME			4.2	NAME			
STREET ADDRESS			4.3 9	STREET ADDRESS			
CITY-ST-ZIP				CITY - ST - ZIP			
TITLE		☐ DELET				Change Addition	
NAME			5.2 N	1MAI			
STREET ADDRESS			5.3 \$	STREET ADDRESS			
CITY-ST-ZIP			540	CITY - ST - ZIP			
TITLE		DELET	E 6.1 T	TILE		Change Addition	
NAME			621	VAME			
STREET ADDRESS			6.3 S	STREET ADDRESS			
CITY-ST-ZIP			640	OTY - \$1 - Z0P			

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 logal effect as if made under oath; that I am an officer or director of the composition 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 albechment with an address.