

INCORPORATED
CORPORATION
ANNUAL REPORT
1998



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14 1998 8:00am
Secretary of State

DOCUMENT # H94230 "AMENDMENT" 1998
1. Corporation Name
ALANIS, INC.

Principal Place of Business 3785 N.W. 82ND AVENUE, SUITE 306 MIAMI, FL. 33166
Mailing Address 3785 N.W. 82ND AVENUE, SUITE 306 MIAMI, FL. 33166

3. Date Incorporated or Qualified 3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2700926	Applied For Not Applicable
22. Suite, Apt. #, etc	26. Suite, Apt. #, etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country	29. Country		
30. Country			

9. Name and Address of Current Registered Agent AJAGBE, AUGUSTINE O. 9505 S.W. 136TH STREET MIAMI, FL. 33176		10. Name and Address of New Registered Agent	
81. Name AJAGBE, ADETUTU	82. Street Address (P.O. Box Number is Not Acceptable) 9505 S.W. 136TH STREET	83.	84. City MIAMI
		85. Zip Code 33176	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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 *AJAGBE, ADETUTU* AJAGBE, ADETUTU APRIL 8TH, 1998
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS AJAGBE, ADETUTU 9505 S.W. 136TH STREET MIAMI, FL. 33176 <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D AJAGBE, AUGUSTINE O. 9505 S.W. 136TH STREET MIAMI, FL. 33176 <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	300002489025 <input type="checkbox"/> Change <input type="checkbox"/> Addition -04/15/98--01017--027 ***61.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>10/4/14</i>

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: *AJAGBE, ADETUTU* AJAGBE, ADETUTU APRIL 8TH, 1998 (305) 593-8233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E004 (9/96)