r	PROFIT					FILED		
	RPORATION			IMENT OF STATE		May 08 1	.997.8	:00an
ANNUAL REPORT			Secretary of State DIVISION OF CORPORATIONS		Secretary of State			
DOCU		10781			·· · · · ·		~	
1. Corporate	ES ALFIERI, INC.	10701	(8)					
CHANL	eo alfieni, inu-					I I INDIANSI DALIMINI DALIMINI DALIMI DALIMI I INDIANSI DALIMINI	Riki siji disti siji di	HA DIDA NA DI
Principal Plac	ce of Business	Mailing	g Address					
4390 N. FEDE Suite 203	ERAL HWY	4390 N Suite	FEDERAL HIGHW	Y .				
	ALE FL 33308		UDERDALE FL 3330	8-5200		3. Date Incorporated or Qualified	3a. Date of Last	Benort
	D					01/04/1988	06/19/1996	
2. Principari 21	Prace of Business	28. Ma 26	iling Address			4. FEI Number 65-0025613		Applied For Not Applicable
Suite, Apt	. #, etc	Sui 27	te, Apt. #, etc.			5. Certificate of Status Desired	4	Additional Required
City & Sta	ોદ		y & State			6. Election Campaign Financing Trust Fund Contribution	\$5.0	0 May Be to Fees
Zip 24	Coun	······		Country		8. This corporation has liability for it		
		ress of Current Registere	d Agent	30		Florida Statutes	-	
)wan, maria elena 90 n. Federal Higi			81 Name 82 Street		ARIA ELENA AL		
SU	ITE 203			83	39	ss (P.O. Box Number is Not Acceptap D. N. FEDERAL- P	IGHWAY	,
11	LAUDERDALE FL 33	08				TE 203	les 7.	Codo
11. Pursuant	t to the provisions of Se	ctions 607 0502 and 607 1	508 Elorida Statut	F the above-named	T.L	AUSERDALE	FL ^{oo} 5	3308
office or agent. L	registered agent or bo am familier yon, and ac	the in the State of Florida. South in the State of Florida. So				ration submits this statement for the p n's board of directors. I hereby accep	t the appointment a	is registered
SIGNATURE	Signature ty do or printed na	me of registered agent and title if app	MARIA EL	EDA ALFIE E: Registered Agent signature		When reinslating)	<u>T 4/2'</u> date	7/9/
12. TITLE	D	OFFICERS AND DIRECTOR	RS DELETE	13. 1.1 TITLE	1	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
NAME	ALFIERI, CHARLE			1.2 NAME				1:
STREET ADDRESS CITY - ST - ZIP	FT. LAUDERDALE	l Highway, Suite 203 : Fl		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			_	Addition
TITLE	D Cowan, Maria,		DELETE	2.1 TITLE	A	FIERI, MARIA ELL	Change	Addition
NAME STREET ADDRESS	4390 N. FEDERA	L HIGHWAY, SUITE 203	l	2.2 NAME 2.3 STREET ADDRESS	m	MARI, MININGLE	5~17	
CITY-ST-7:P THLE	FT. LAUDERDALE	FL	DELETE	2 4 CITY - ST - ZIP 31 TITLE			Change	Addition
NAME				32 NAME				
STREET ADDRESS				3 3 STREET ADDRESS 3 4. City - St - Zip				
T =1LE			DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME STREET ADDRESS				4 2 NAME 4.3 STREET ADDRESS				
CITY-ST-ZIP				4.4 CITY - ST-ZIP				
TITLE NAME			DELETE	5.1 TITLE			Change	Addition
NAME STREET ADORESS				5.2 NAME 5.3 STREET ADDRESS				
CITY-ST-20P				5.4 CITY-ST-ZIP				
THLE NAME			DELETE	6.1 TITLE 6.2 NAME			L] Change	Addition
SUBSET ADORESS				6.3 STREET ADDRESS				
CITY-ST-ZIP		and the second state of a line of a line of a	an decent	6.4 CITY - ST - ZIP			1.8	
informate Fam an c	on indicated on this ani officer or director of the	nual report or supplementa corporation or the receiver	I annual report is to or trustee empow	iue and accurate and ered to execute this i	i that n	n Section 119.07(3)(i), Florida Statutes ny signature shall have the same legal as required by Chapter 607, Florida Sl	effect as if made u	nder gath that i
appears	in Block 12 or Block 13	i i emangad nr op in attac	hment with an add	iress. E li lenne di M	-	,		
SIGNAT	TURE: /		un				(454)928	-1755