

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K32672 (3)

1. Corporation Name

ALANIRA ACQUISITIONS, INC.



Principal Place of Business

Mailing Address

2925 INDIAN CREEK DR.
MIAMI BEACH FL 33140

2925 INDIAN CREEK DR.
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified
09/06/1988

3a. Date of Last Report
10/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, IRA DAVID
2925 INDIAN CREEK DR.
MIAMI BEACH FL 33140

81

Name SCHWARTZ, ALBERT H, DR.

82

Street Address (P.O. Box Number is Not Acceptable)
2925 INDIAN CREEK DR.

83

MIAMI BEACH FLORIDA

84

City

FL

85

Zip Code 33140

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

Signature of the principal officer or registered agent and chief financial officer (if applicable)

(If "X" is checked, the Agent signature is required when filing this report.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHWARTZ, IRA DAVID
STREET ADDRESS 2925 INDIAN CREEK DR.
CITY-STATE-ZIP MIAMI BEACH FL ☒ DELETE

TITLE V
NAME SCHWARTZ, ALBERT
STREET ADDRESS 4814 FLATLANDS AVE
CITY-STATE-ZIP BROOKLYN NY 11234 ☐ DELETE

TITLE S
NAME SCHWARTZ, ANITA
STREET ADDRESS 4814 FLATLANDS AVE
CITY-STATE-ZIP BROOKLYN NY 11234 ☐ DELETE

TITLE T
NAME SCHWARTZ, GARY
STREET ADDRESS 4814 FLATLANDS AVE
CITY-STATE-ZIP BROOKLYN NY 11234 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME SCHWARTZ, ALBERT H, DR.
13 STREET ADDRESS 2925 INDIAN CREEK DRIVE
14 CITY-STATE-ZIP MIAMI BEACH FL 33140 ☒ Change ☐ Addition

21 TITLE V
22 NAME SCHWARTZ, ANITA
23 STREET ADDRESS 2925 INDIAN CREEK DRIVE
24 CITY-STATE-ZIP MIAMI BEACH FL 33140 ☒ Change ☐ Addition

31 TITLE S
32 NAME SCHWARTZ, GARY G., DR.
33 STREET ADDRESS 19920 SW 81 CT
34 CITY-STATE-ZIP MIAMI FL 33189 ☒ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP ☐ Change ☐ Addition

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert H. Schwartz

6/25/96

305-531-0077

CR2E034 (3/96)