

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
• 1996



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

DOCUMENT # K86608 (2)

1. Corporation Name

ALPHA BAIL BONDS, INC.

FILED  
Jan 25, 1996 08:00 AM  
Secretary of State



Principal Place of Business

Mailing Address

~~318A SW 12 AVE  
MIAMI FL 33130~~

~~318A SW 12 AVE  
MIAMI FL 33130~~

2. Principal Place of Business

21 1390 N.W. 16 ST.

2a. Mailing Address

26 1390 N.W. 16 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI, FL.

28 MIAMI, FL.

Zip

Country

Zip

Country

24 33125

25

29 33125

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/09/1989

3a. Date of Last Report

06/28/1995

4. FEI Number

65-0126668

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

~~DIBERNARDO, CARL  
8603 S. DIXIE HWY.  
SUITE 210  
MIAMI FL 33143~~

81 Name

LAWRENCE G. HERRERO

82 Street Address (P.O. Box Number is Not Acceptable)

910 PROFF. BUSS. ACTNG.

83

312-A S.W. 12 AVE.

84 City

MIAMI

FL

85 Zip Code

33130

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/17/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	DELGADO, GUILLERMINA	818A SW 12 AVE	MIAMI FL
VP	LOPEZ, HUMBERTO	218A SW 12 AVE	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
		1390 N.W. 16 ST.	MIAMI, FL. 33125
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		1390 N.W. 16 ST.	MIAMI, FL. 33125
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Guillermina Delgado PRES.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

Daytime Phone #

CR2E034 (12/95)