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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # K9822 ONAL ALTERNATIVES, II				
Principal Place of Business 8585 SW 127TH STREET MIAMI FL 33156 US		Mailing Address 8585 SW 127 ST. MIAMI FL 33156-5818 US		(10010(1) 470 H4FB) ABNU HUNE HBBH FAH DIDI	I BYON ENDIN ONDER EVERY FROM
		••		3. Date Incorporated or Qualified 3. 06/27/1989	3a. Date of Last Report 04/15/1996
	lace of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired /	\$8.75 Additional
2 City & Stat	 le	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Ζφ 4	Country 25	Zip 29	Country 30	8. This corporation has liability for inta Florida Statutes	ngible tax under s. 199.032, es XNo
	9. Name and Address of Cu	urrent Registered Agent	81 Name	10. Name and Address of New Regis	tered Agent
	Sario, Jana '5 SW 87 AVE		1,44	tress (P.O. Box Number is Not Acceptable)	
#425				aress (F.O. Box Number is Not Acceptable)	
MIA	MI FL 33176		83		
			84 City		FL 85 Zip Code
 Parencer 	To the provisions of Sections 607	1.0502 and 607 1508, Florida Stati	ites, the above-named cor	rooration submits this statement for the purp	ose of changing its registered
office or i agent 14	registered aftert, or both in the a am familiar with, and accept the c	State of Florida, Such change was obligations of, Section 607.0505, F	authorized by the corpora lorida Statutes.	ation's board of directors. I hereby accept the	ne appointment as registered
office or i agent 14 SIGNATURE	Sin the Princer provides and Egiden	at ngast and little if sapiticat ke (NC	DTE: Registereo Agent signature requ	ation's board of directors. I hereby accept the	ne appointment as registered
office or i agent. Ef	For Social and Control of Control			ation's board of directors. I hereby accept the	ne appointment as registered
office or i agent ± a SIGNATURE 12. TILL NAME	OFFICERS P ROSARIO, JANA	stagestand life if sophiatile (NC S AND DIRECTORS	DTE: Registereo Agent signature requirements and	ation's board of directors. I hereby accept the	ne appointment as registered DATE S AND DIRECTORS IN 12
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