

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # L11131
1. Corporation Name
ALPHA BROTHERS CORPORATION

(4)

95 FEB 13 AM 10:35

Principal Place of Business Mailing Address
**9600 NW 25 ST. #7A
MIAMI FL 33172
US** **9600 NW 25 ST. #7A
MIAMI FL 33172
US**

DO NOT WRITE IN THIS SPACE.

| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

| | |
|---|---|
| 3. Date Incorporated or Qualified 08/24/1989 | 3a. Date of Last Report 01/19/1994 |
| 4. FEI Number 65-0140258 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| LOZANO, SERGIO S. 9600 NW 25 ST #7A MIAMI FL 33172 | | 81 | Name |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | 83 | |
| | | 84 | City |
| | | 85 | Zip Code |
| | | FL | |

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, typed or printed name of registered agent and title if applicable) DATE _____ (Date Registered Agent signature required when receding)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | CST | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOZANO, SERGIO S. | 1.2 NAME | |
| STREET ADDRESS | 1253 SW 35TH ST | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 1.4 CITY- ST- ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOZANO, SERGIO S. | 2.2 NAME | |
| STREET ADDRESS | 14253 SW 35 ST | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 2.4 CITY- ST- ZIP | |
| TITLE | V | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOZANO, ANTONIO | 3.2 NAME | |
| STREET ADDRESS | 1900 S.W. 125 CT. | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 3.4 CITY- ST- ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 4.4 CITY- ST- ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 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(2)(b), 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 the report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 if requested, or on an attachment with an address.

SIGNATURE: *Antonio Lozano* **ANTONIO LOZANO** 02/07/95 (305) 5949290
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNER OF **VICE-PRESIDENT** Date (Typed Name)