## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # L62003

1. Corporation Name ALAMARC, INC.

## FILED Apr 15, 1999 8:00 am Secretary of State 04-15-1999 90107 017 \*\*\*150.00



Principal Place of Business	ce of Business Mailing Address				r abbateli bin mitin timit metr motor itte mart n	· ·IBII BIBII BIBI	II MINII NINII INNI
7990 SW 88TH ST.	7990 SW 88TH ST.						
MIAMI FL 33156	FL 33156 MIAMI FL 33156				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					04/03/1990		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		Applied For
<b>├</b> -\ '	26				65-0183739	<del></del>	Not Applicable
Suite, Apt. #, etc.	4	Suite, Apt. #, etc.					Additional
22	27	7			5. Certifcate of Status Desired	Fee i	Required
- City & State	City & State	1.00			56: Election Campaign Financing	<del>\$5:0</del>	O May Be
77	28				Trust:Fund:Contribution	Adde	d to Fees
Zip Country	Zip	Zip Country			8. This corporation owes the current year Int	angible	
24 25	29 30	30			Personal Property Tax.	Yes	¯⊡No
9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
		8	Na Na	me			
LEON, ARTURO			2 Str	eet Addres	ss (P.O. Box Number is Not Acceptable)		
7990 SW 88TH ST.					,		
MIAMI FL 33156		Ε	13		,		
		1	34 Cit			85 Zij	p Code
				-	FL	-	Ţ
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abo	ve-nan	ned corpor	ration submits this statement for the purpose of	changing i	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	4						
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re		gent signa	ture required v	vhen reinstating) DATE		
12. OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE DP	☐ DELETE	1,1 TITLE	Ē			☐ Change	e
NAME LEON, ANGELICA M.		1.2 NAM	E		•		
STREET ADDRESS 7990 S.W. 88 ST.		1.3 STR	EET ADDR	ESS			
CITY-ST-ZIP MIAMI FL		1.4 CITY	-ST-ZIP	<u> </u>			
TITLE	DELETE 2.1TI		2.1 TITLE			Change	e
NAME		2.2 NAM	E	1			-0
STREET ADDRESS		2.3 STRI	EET ADDR	ESS			1
CITY-ST-ZIP		2.4 CIT	-ST-ZIP				(7) 4 197
TITLE .	☐ DELETE	3.1 1111				Chang	e Addition
NAME		3.2 NAM	E				
STREET ADDRESS		3.3 STR	EET ADDR	ESS			
CITY-ST-ZIP			-ST-ZIP				·
TITLE	☐ DELETE	4.1 TITL	E			☐ Chang	e 🗀 Addition
NAME		4.2 NAM	Æ				1
STREET ADDRESS		4.3 STR	EET ADDR	ESS	•		ĺ
CITY-ST-ZIP		4.4 CITY	-ST-ZIP				
TITLE	☐ DELETÉ	5.1 TITL		-		Change	e 🗀 Addition
NAME		5.2 NAM			•		i i
STREET ADDRESS			EET ADOR	ESS			
CITY-ST-ZIP		1	-ST-ZIP				
TITLE	☐ DELETE	6.1 TITL				Chang	e
NAME		6.2 NAM		1			ļ
STREET ADDRESS	,	6.3 STR	EET ADDR	ESS			ļ
CITY-ST-ZIP		6.4 CITY	-ST-ZIP				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.