

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M17485

1. Corporation Name  
ALFA TOP SERVICES, INC.

Principal Place of Business

% RAFAEL A. CABALLERO  
3382 S.W. 141 AVE.  
MIAMI, FL 33175

Mailing Address

% RAFAEL A. CABALLERO  
3382 S.W. 141 AVE.  
MIAMI, FL 33175

FILED  
Feb 05, 1999 8:00am  
Secretary of State

02-05-1999 90020 019 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1985

4. FEI Number

59-2548515

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CABALLERO, RAFAEL A.  
ALFA TOP SERVICES, INC.  
3382 S.W. 141 AVE.  
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
CABALLERO, ALFREDO  
STREET ADDRESS  
1028 S.W. 79 AVE.  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
CABALLERO, RAFAEL A.  
STREET ADDRESS  
3382 S.W. 141 AVE.  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
CABALLERO, RAFAEL A.  
STREET ADDRESS  
3382 S.W. 141 AVE.  
CITY-ST-ZIP  
MIAMI FL

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CABALLERO, RAFAEL A.  
STREET ADDRESS  
3382 S.W. 141 AVE.  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
CABALLERO, RAFAEL A.  
STREET ADDRESS  
3382 S.W. 141 AVE.  
CITY-ST-ZIP  
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 registered 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 as an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL A. CABALLERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-284-9077

CR2E034 (11/98)