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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **M39430** (7)
1. Corporation Name
ALPHADEC, INC.



Principal Place of Business
**2905 NW 82ND AVE
MIAMI FL 33122**

Mailing Address
**2905 NW 82ND AVE
MIAMI FL 33122-1037**

3. Date Incorporated or Qualified
10/02/1986

3a. Date of Last Report
05/01/1996

2. Principal Place of Business 21 10825 NW 33 st Suite, Apt. #, etc.	2a. Mailing Address 26 10825 NW 33 st Suite, Apt. #, etc.	4. FEI Number 59-2734620 Applied For Not Applicable
22 City & State Miami FL	27 City & State Miami FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Zip 33172	28 Zip 33172	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
24 County Dade	29 County Dade	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WENNIN, RUDOLF
2905 NW 82ND AVE
MIAMI FL 33122**

10. Name and Address of New Registered Agent

81 Name **WENNIN, HELMUTH**
82 Street Address (P.O. Box Number is Not Acceptable)
10825 NW 33 st
83
84 City **Miami** FL 85 Zip Code **33172**

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]* (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MYRIAM	1.2 NAME	YOUNG, MYRIAM
STREET ADDRESS	2905 NW 82ND AVE	1.3 STREET ADDRESS	10825 NW 33 st
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENNIN, RUDOLF	2.2 NAME	WENNIN, RUDOLF
STREET ADDRESS	2905 NW 82ND AVE	2.3 STREET ADDRESS	10825 NW 33 st
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENNIN, HELMUTH	3.2 NAME	WENNIN, HELMUTH
STREET ADDRESS	2905 NW 82ND AVE	3.3 STREET ADDRESS	10825 NW 33 st
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33172
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/97 (205) 591-4032

Date Daytime Phone #

CR2E034 (9/96)