FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 JUN 21 PM 12: 18 **DOCUMENT #** M39430 1, Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA ALPHADEC, INC. Principal Place of Business Mailing Address 10825 NW 33 ST 10825 NW 33 ST MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE US HS 3. Date Incorporated or Qualifed 10/02/1986 2. Principal Place of Business 2a. Mailing Address 4 FEI Number 26 59-2734620 21 Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 Personal Property Tax. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WENNIN, HELMUTH 82 Street Address (P.O. Box Number is Not Acceptable) 10825 NW 33 ST **MIAMI FL 33172** 83 City 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** rne of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ☐ DELETE TITLE 1.1 TITLE YOUNG, HYRIAM 1.2 NAME NAME 10825 NW 33 ST STREET ADDRESS 1.3 STREET ADORESS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition MIAM! FL 14 CITY-ST-ZIP CITY-ST-ZIP TITLE 21 TITLE Chang ■ Addition 6000029**1**5 -06/25/99-WENNIN, RUDOLF NAME 22 NAME 10825 NW 33 ST STREET ADDRESS 23 STREET ADORESS ****82.25 *****82.25 MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE WENNIN, HELMUTH NALE 32 NAME 10825 NW 33 ST STREET ADDRESS 33 STREET ADORESS MIAM! FL CITY-ST-ZIP 34 CITY-ST-ZIP [] DELETE Addition □ Change TITLE 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE 5 1 TITLE Change ☐ Addition TITLE 5.2 NAME NANE 5.3 STREET ADORESS STREET ADDRESS 54 CITY ST-ZP CITY-ST-ZIP 6 1 TITLE Change OELE TE Addition TITLE NAME 63 STREET ADDRESS STREET ADDRESS 64 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 supplies that the information 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.

SIGNATURE:

NING OFFICER OR DIRECTOR

(305) 541-4032

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

☐ Yes

Not Applicable