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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUL 29 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # M42071

1. Corporation Name
ALPACK CORP.

Principal Place of Business	Mailing Address
15201 SW 137th AVE APT 35 MIAMI FL 33177	15601 SW 137th AVE APT 35 MIAMI, FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/86

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2756992 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JUAN MARTINEZ 15201 SW 137th AVE APT 35 MIAMI, FL 33177	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 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: Juan Martinez JUAN MARTINEZ 7/27/98
(If new Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P/S NAME JUAN MARTINEZ STREET ADDRESS 15201 SW 137th AVE CITY, ST, ZIP APT 35 MIAMI, FL 33177 ☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ Change ☐ Addition

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****150.00

7-29-98

14. [illegible] Corporations not qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 13 above, or on an attachment with all other like empowered.

SIGNATURE: X Juan Martinez JUAN MARTINEZ PRES 7/27/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Division of Corporations
P.O. BOX 6327
Tallahasse, Fl 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of $150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **ALPACK CORP.**

Thank you for your courtesy in this matter.

Juan Martinez

JUAN MARTINEZ
President