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

## **PROFIT** CORPORATION **ANNUAL REPORT**

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## **FILED** Feb 13 1998 8:00am Sacretary of State

	1998	The state of the s	DIVISION OF CO	PRPORATIONS		Secretar	y or St	ale
DOCUN 1. Corporation	MENT # M	43729	(6)	-				
ALTON	ROAD SIX CORP.							
Principal Place	of Business	Mailing	Address			) The second sit with the control of	1811 brasi miğir Biğir Bibil	i diğil (ÇD)
			C/O PEDRO R. MUNILLA					
1401 S.W. 1 ST., SUITE 210 MIAMI FL 33135			1401 S.W. 1 ST., SUITE 210 MIAMI FL 33135			DO NOT WRITE IN THIS SPACE		
	•	***************************************				3. Date Incorporated or Qualified		
				<u>-</u> -		12/17/1986		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	<del></del>	oplied For of Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.			59-2786397	60.75	Additional
22			27			Certificate of Status Desired	Fee Re	
City & State			City & State			6. Election Campaign Financing	\$5.00	May Be
23		[28]					Added t	
Zip	Country	`	<b>)</b>	Country		<ol> <li>This corporation owes or has paid Personal Property Tax due June 3</li> </ol>		tangible No
24	25 9. Name and Addres	29  ss of Current Registere	d Agent	<u> </u>		10. Name and Address of New Regi		110
AAI IN	IILLA, PEDRO R.		· ·· · · · · · · · · · · · · · · · · ·	81 Na	me			
1401 S.W. 1 ST.					eet Addres	ss (P.O. Box Number is Not Acceptable	<u>,,                                     </u>	
SUITE 210				L.L			, 	
MIAMI FL 33135				83				
				84 Cit	у		<b>85</b> Zip (	Code
44 5		607.01.00 1.607.11	róo Franka Otabata				FL [ ]	
office or re	o the provisions of Section of Section (Section)	in the State of Florida, S	uch change was auf	thorized by the	corporatio	ration submits this statement for the pur n's board of directors. I hereby accept	the appointment as	registered
=	n lamiliar witti, and acce	opt the obligations of, Sec	ation 607.0505, Florid	oa Statutes.				}
SIGNATURE	Signature, typed or printed name	of regulational agent and talk of app	ientik (NOTE F	tegistered Agent sign	nature required		DATE	
12.	~ <u> </u>	FICERS AND DIRECTOF		13.	<del></del>	ADDITIONS/CHANGES TO OFFICE		
TITLE	D AMBRILLA DECORO	<b>~</b>	☐ DELETE	1.1 TITLE			L Change	Addition
NAME STREET ADDRESS	MUNILLA, PEDRO R.   1401 S.W. 1 ST. #210			1.2 NAME 1.3 STREET ADDRESS				ļ
CITY-ST-ZIP	MIAMI FL	210		1.4 CITY - ST - ZIP	133			
TITLE	IND WILL I L		DELETE	2.1 TITLE			☐ Change	Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET ADDR	ESS			
CITY-\$T-ZIP		عنی روپ ب عنی د و		2. 4 CITY - ST - ZIP	<u> </u>			
TITLE			☐ DELETE	3.1 TITLE	-		Change	☐ Addition
NAME				3.2 NAME				ļ
STREET ADDRESS				3.3 STREET ADOR				
CITY-SI-ZIP TITLE			DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition
NAME			***	4. 2 NAME	- }		<u>—</u> <b>,</b>	
STREET ADDRESS				4.3 STREET ADORA	ESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP				
TITLE			DELETE	51 TITLE			☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET ADDRE	ESS			
CITY-ST-ZIP TITLE		<del></del>	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	<del></del>		Change	Addition
NAME			tand water to	6.2 NAME	)			
STREET ADDRESS				63 STREET ADDRI	ESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP				
14. I hereby c	ertify that the information	r supplied with this filing	does not qualify for f	the exemption t	stated in S	ection 119.07(3)(i), Florida Statutes. I fu	rther certify that the	information

processors that yours not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. I further certify that the informality tentertal annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an I by receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address.

**SIGNATURE:** 

Redro R. Munilla.

2-7-98

315 5010000