## 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

**DOCUMENT** #

M58741

(3)

ALPHA 55, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
	PO BOX 600231						
18236 COLLIN'S AVE NORTH MIAMI BEACH FL 33160 US		NORTH MIAMI BEACH FL 33160 US			DO NOT WRITE IN THIS SPACE		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21	_ cane	26 Same			65-0004963	No	t Applicable
Suite, Apt. ₩, etc.		Suite, Apt. #, etc.			\$8.75	Additional	
22		27		or Certificate of Status Desired	Fee Re	equired	
City & State		City & State		6. Election Campaign Financing			
13		28			Added to Fees		
Zip	Country	Zip	Count	y .	8. This corporation owes or has paid		
24	25	29	30		Personal Property Tax due June 30		No
	9. Name and Address of Curren	l Registered Agent	<sub>=</sub>	I N	10. Name and Address of New Regis	stered Agent	
	EIRE, ROBERTO R.		8	Name	Same		
18236 COLLINS AVENUE			8	Street Add	Iress (P.O. Box Number is Not Acceptable)	}	
NO	PRTH MIAMI BEACH FL 33160		-				
			8	3			
			8	City		85 Zip	Code
			ا ا	-		FL   "	
11. Pursuant I	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statul	tes, the abo	e-named cor	poration submits this statement for the pur	pose of changing it	s registered
agent. La	egistered agent, or boin, in the State m familiar with, and accept the obliga	of Florida, Sucri change was ations of, Section 607.0505, FI	authorized t Iorida Statute	oy the corpora es.	ation's board of directors, I hereby accept t	ne appointment as	registered
SIGNATURE	· · · · · · · · · · · · · · · ·						
SIGNATURE	Signature, typed or printed name of registered agos	ril and title if applicable (NO)	IE Registered A	gent signature requ	uired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTOR	S IN 12
TITLE	Р	☐ DELETE	1.1 TITLE	1		L Change	Addition
NAME			1.2 NAME		Some		
STREET ADDRESS	17500 N. BAY ROAD, #707		1.3 STREET ADDRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY -	ST-ZIP			
TITLE		DELETE	2.1 TITLE			Change	Addition
NAME	<b>RIF</b> AI, ELAINE	2.2			Same		
STREET ADDRESS	17500 N. BAY ROAD, #707		2.3 STREET ADDRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL		2. 4 CITY - ST - ZIP				
TITLE			3.1 TITLE			Change	Addition
NAME	RIFAI, TAMAM		3.2 NAME		Same	•	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL		3.4. CITY-		- <del>-</del>		
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	£		_	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ì			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME		••••	5.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6.1 TITLE	S. #11		Change	Addition
NAME		-	6.2 NAME			•	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
	ertify that the information supplied wi	th this filing does not qualify f			Section 119.07(3)(i), Florida Statutes. I fui	rther certify that the	information
indicated officer or	on this annual report or supplementa	I annual report is true and acc eiver or trustee empowered to	curate and t	hat my signati	ure shall have the same legal effect as if m quired by Chapter 607, Florida Statutes; en	iade under oath; tha	atlam an