

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M87621 (2)

1. Corporation Name

ALF REALTY I, INC.

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2050 W. 56TH ST.
BAY #1-23
HIALEAH FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1988 3a. Date of Last Report 08/10/1994
4. FEI Number 65-0068171 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
7. This corporation has liability for intangible tax under s. 189.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 213-11 NW 2ND AVE.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 No. MIAMI
24 Zip 25 Country 29 33169 30 DADE

9. Name and Address of Current Registered Agent

TAYLE
TAYLE, ALFRED
402 GLEN BROOK DR.
21311 NW 2ND AVE
ATLANTA FL 33462
N. MIAMI

10. Name and Address of New Registered Agent

81 Name ALFRED TAYLE
82 Street Address (P.O. Box Number is Not Acceptable) 213-11 NW 2ND AVE
83
84 City MIAMI. FL 85 Zip Code 33169

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 ALFRED TAYLE 7-20-95
Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME TAYLE, ALFRED
STREET ADDRESS 21311 NW 2ND ST.
CITY, ST, ZIP MIAMI FL
TITLE VTD
NAME GIFFORDS, FREDERICK
STREET ADDRESS 21311 NW 2ND ST.
CITY, ST, ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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. If 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: ALFRED TAYLE 7-20-95 3655-330
Signature, typed or printed name of signing officer or director (Date) (Daytime Phone #)

CR2E034 (3/95)