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**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS.

1997 DOCUMENT #

M87621

## **FILED** May 16 1997 8:00am Secretary of State



	MÉNT # M8762 Name ALTY I, INC.		(2)	: :					
213-11 NW 2ND AVE NO MIAMI FL 33169 US		213-11	213-11 NW 2ND AVE NO MIAMI FL 33169-2112						
1.** 1						3. Date Incorporated or Qualified 06/29/1988		ite of Last F <b>04/1996</b>	Report
2. Principal Plant 21	ace of Business	2a. Ma	ailing Address	E		4, FEI Number 65-0068171			pplied For ot Applicable
Sulte, Apt.			ite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
City & State		27	ly & State					<del></del>	equired
al	2	28	ly & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Žip	Country	Zıj	р	<u> </u>	intry	8. This corporation has liability for			. 199.032,
24	25 2, Name and Address of Curr	29 29	tranA be	30		Florida Statutes  10. Name and Address of New Ro		No Agent	
TALE	LE, ALFRED				81 Name	10, 110, 110, 110, 110, 110, 110, 110,	9,0.0.0	190111	
	-11 NW 2ND AVE				82 Street Ado	dress (P.O. Box Number is Not Accepta	ble)		
	IAMI FL 33169				oz Street Auc	uress (F.O. box number is not Accepta	บเย)		
					83	:			
					84 City			<b>85</b> Zip	Code
							FL		· ··· · · ·
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accopt the ob-	0502 and 607. ale of Florida. ligations of, S	1508, Florida Stat Such change was ection 607.0505,	utes, the al s authorize Florida Stat	bove-named cor d by the corpora tules.	poration submits this statement for the ation's board of directors. I hereby acce	purpose of opt the app	changirig i ointment as	its registered registered
SIGNATURE	Signature, typic of printed name of registered a	le P	RESIDE Rication (No DRS	ENT	bove-named cor d by the corpora tutes. d Agent signature requ		4-2.	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typical printed name of registered of OFFICERS A	agent and title if ap	RESIDO	011 Hogistore 13.	d Agent signature requ	uired when reinstating)	4-2.	2-47	RS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, tripled printed name of registered of PSD TAULE, ALFRED	agent and title if ap	RESIDE Rication (No DRS	13. 1.1.11 1.2.N/	d Agent signature requ ILE	uired when reinstating)	4-2.	DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typical printed name of registered of OFFICERS A	agent and title if ap	RESIDE Rication (No DRS	011 (tegisterer 13. 1.111 1.2 N/ 1.3 S1	d Agent signature required.  ILE  AME  IREE1 ADDRESS	uired when reinstating)	4-2.	DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	RESIDE Rication (No DRS	011 (tegisterer 13. 1.111 1.2 N/ 1.3 S1	d Agent signature requirements  ILE  AME  IREE1 ADDRESS {  ITY-S1-ZIP	uired when reinstating)	4-2.	DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	PRS DELETE	13. 1.1.11 1.2.N/ 1.3.S1 1.4.C1 2.1.11 2.2.N/	DI Agent signature required to the signature requirement of the signature	uired when reinstating)	4-2.	DIRECTOR  Change	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	PRS DELETE	011 (togistico) 13. 1.111 1.2 N 1.3 S 1.4 C 2.1 11 2.2 N 2.3 S1	ILE AME ITY-ST-ZIP TLE AME IREET ADDRESS ITHERET ADDRESS	uired when reinstating)	4-2.	DIRECTOR  Change	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	PRS DELETE	011 (togistico) 13. 1.111 1.2 N 1.3 S 1.4 C 2.1 11 2.2 N 2.3 S1	ILE  AME INSET ADDRESS INTY-ST-ZIP ILE  AME IREET ADDRESS INTY-ST-ZIP	uired when reinstating)	4-2.	DIRECTOR  Change	RS IN 12 Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	PES (NO) PRS DELETE	011 (togesteen 13. 1.111 1.2 (N) 1.3 (S) 1.4 (C) 2.1 (1) 2.2 (N) 2.3 (S) 2.4 (C)	ILE  AME IREE1 ADDRESS ITY-ST-ZIP ILE AME IREE1 ADDRESS ITY-ST-ZIP ILE IREE1 ADDRESS ITY-ST-ZIP	uired when reinstating)	4-2.	DIRECTOR Change	RS IN 12 Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	PES (NO) PRS DELETE	13. 1.111 1.2N 1.3S1 1.4CC 2.111 2.2N 2.3S1 2.4C 3.111 3.2 N 3.3S1	Agent signature required to the signature requirement of the signature req	uired when reinstating)	4-2.	DIRECTOR Change	RS IN 12 Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	Preside (N) PRS DELETE  DELETE	011 (togistico) 13. 1.111 1.2/N 1.3/S1 1.4/C 2.1/1 2.2/N 2.3/S1 2.4/C 3.1/1 3.2/N 3.3/S1 3.4/C	ILE  AME IREE1 ADDRESS ITY-S1-ZIP TLE  AME IREE1 ADDRESS	uired when reinstating)	4-2.	DIRECTOR  Change  Change	RS IN 12 Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	PES (NO) PRS DELETE	13. 1.111 1.2N 1.3S1 1.4C 2.111 2.2N 2.3S1 2.4C 3.111 3.2 N 3.3S 3.4 C 4.1 III	ILE  AME IREE1 ADDRESS ITY-ST-ZIP TLE  AME IREE1 ADDRESS	uired when reinstating)	4-2.	DIRECTOR Change	RS IN 12 Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	Preside (N) PRS DELETE  DELETE	13. 1.1.11 1.2.N/ 1.3.S1 1.4.C1 2.2.N/ 2.3.S1 2.4.C 3.1.11 3.2.N/ 3.3.S1 3.4.C 4.1.11 4.2.N/	ILE  AME IREE1 ADDRESS ITY-ST-ZIP TLE  AME IREE1 ADDRESS	uired when reinstating)	4-2.	DIRECTOR  Change  Change	RS IN 12 Additio
SIGNATURE  12.  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 STREET ADDRESS	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	PRS (N)  DELETE  DELETE	13. 1.111 1.2N 1.3'SI 1.4 Cl 2.111 2.2N 2.3 SI 2.4 Cl 3.1 Tl 3.2 N 3.3 SI 3.4 Cl 4.1 Tl 4.2 N 4.3 SI	A Agent signature requirements for the AME IREE1 ADDRESS (ITY-ST-ZIP) THE IREE1 ADDRESS (ITY-ST-ZIP) THE	uired when reinstating)	4-2.	DIRECTOR  DIRECTOR  Change  Change	RS IN 12 Additio
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	Preside (N) PRS DELETE  DELETE	011 (Hogisticon 13. 1.111 1.2N 1.3S1 1.4[0] 2.111 2.2N 2.3S1 2.4 C 3.1 III 3.2 N 3.3 S 3.4 C 4.1 III 4.2 N 4.3 S 4.4 C	A Agent signature required to the signature requirement of the size of the siz	uired when reinstating)	4-2.	DIRECTOR  Change  Change	RS IN 12 Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	PRS (N)  DELETE  DELETE	011 (hogistic) of 13. 1.1/11 1.2/N 1.3/S1 1.4/C1 2.1/11 2.2/N 2.3/S1 2.4/C 3.1/11 3.2/N 3.3/S1 3.4/C 4.1/T1 4.2/N 4.3/S1 4.4/C1 5.1/11 5.2/N	A Agent signature required to the signature requirement of the signature r	uired when reinstating)	4-2.	DIRECTOR  DIRECTOR  Change  Change	RS IN 12 Additio
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	PRS (N)  DELETE  DELETE	011 (hogistic) 13. 1.1/11 1.2/N 1.3/S1 1.4/C1 2.1/11 2.2/N 2.3/S1 2.4/C 3.1/N 3.2/N 3.3/S1 3.4/C 4.1/N 4.2/N 4.3/S1 4.4/C1 5.1/N 5.3/S1 5.2/N 5.3/S1	A Agent signature required to the signature requirement of the signature r	uired when reinstating)	4-2.	DIRECTOR  DIRECTOR  Change  Change	RS IN 12 Additio
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	PRS (N)  DELETE  DELETE	011 (hogistic) 13. 1.1/11 1.2/N 1.3/S1 1.4/C1 2.1/11 2.2/N 2.3/S1 2.4/C 3.1/N 3.2/N 3.3/S1 3.4/C 4.1/N 4.2/N 4.3/S1 4.4/C1 5.1/N 5.3/S1 5.2/N 5.3/S1	A Agent signature required to the size of	uired when reinstating)	4-2.	DIRECTOR  DIRECTOR  Change  Change	RS IN 12 Additio
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	PRS   DELETE   DELETE   DELETE   DELETE	011 (hogistic) or 13. 1.1/11 1.2/N 1.3/S1 1.4/C1 2.1/11 2.2/N 2.3/S1 2.4/C 3.1/N 3.2/N 3.3/S1 3.4/C 4.1/N 4.2/N 4.3/S1 4.4/C1 5.1/N 5.3/S1 5.4/C	A Agent signature required to the signature requirement of the signature r	uired when reinstating)	4-2.	DIRECTOR DIRECTOR Change Change Change	RS IN 12 Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, type of printed name of registered.  OFFICERS A  PSD TAULE, ALFRED 21311 NW 2ND ST.	agent and title if ap	PRS   DELETE   DELETE   DELETE   DELETE	011 (hogisticle) 13. 1.1/11 1.2/N 1.3/S1 1.4/C 2.1/11 2.2/N 2.3/S1 2.4/C 3.1/R1 3.2/N 3.3/S1 3.4/C 4.1/R1 4.2/N 4.3/S1 4.4/C 5.1/R1 5.2/N 5.3/S1 5.4/C 6.1/R1 6.2/N	A Agent signature required to the signature requirement of the signature r	uired when reinstating)	4-2.	DIRECTOR DIRECTOR Change Change Change	RS IN 12

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; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address.

305-655-1249