

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M88267** (3)

1. Corporation Name  
**ALPHA CONTINUOUS FORMS, INC.**



Principal Place of Business

Mailing Address

4563 S.W. 71ST AVENUE  
MIAMI FL 33155

4563 S.W. 71ST AVENUE  
MIAMI FL 33155

2. Principal Place of Business

2a. Mailing Address

21	State - Apt. #	26	State - Apt. #
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25	Country	30	Country

g. Name and Address of Current Registered Agent

**GAVILA, FRANK M.**  
4563 SW 71 AVE  
MIAMI FL 33155

3. Date Incorporated or Qualified	3a. Date of Last Report
07/05/1988	05/01/1995
4. FEI Number	Applied For
65-0075703	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.031(1)(a) and 607.031(2)(a), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as shown in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby assent the appointment as registered agent. I am further waiving and accepting the obligations of Section 607.031(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**P**  
**GONZALEZ, ROLANDO**  
4563 SW 71ST AVENUE  
MIAMI FL  
**ST**  
**GAVILA, FRANK M.**  
4563 SW 71ST AVENUE  
MIAMI FL

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY, STATE, ZIP  
5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY, STATE, ZIP  
9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY, STATE, ZIP  
13. NAME  
14. STREET ADDRESS  
15. CITY, STATE, ZIP

14. I do hereby certify that the information supplied to the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information provided in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the executor or trustee of a trust and am not excluded from this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, Change or Addition, of this form.

SIGNATURE:

*Frank M. Gavila*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/1/96

(305) 661-6887

CR2E034 (12/95)