200	1 ONIFORM BUS	SINE 22 REPU	JHI (	ORK	F	ILED		·, 14
DOCU 1. Entity Nan	MENT # P000000	FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA						
	ALCASABA G	NTS, I	INC. 01 OCT 30 PM 2: 48					
Principal Plac	ce of Business	Mailing Address	<del></del>	<del></del>				
	5 Ixora Rd. Miami, Fla.33181	12955 Ixora No. Miami,	-	33181				
Principal Place of Business     3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	е	City & State			4. FEI Number			Applied For Not Applicable
Zlp	lp Country Zip		Country	,	5. Certificate of Status Desired		\$8.75 A Fee Requi	dditional
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of New R	egistered /	Agent	
ALVAREZ, SONYA								
12955 Ixora Rd. No. Miami, Fla. 33181				Street Address (P.C. Box Number is Not Acceptable)				
				City		FL	Zip Co	de
Tax filing re	Squature, typed or printed name of registered agen- pration is eligible to satisfy its Intangible equirement and elects to do so. Ia on back)	7.49 (S.4-7)	III FEE IS	il be \$550.00	10. Election Campaign Fin			00 May Be
1.	OFFICERS AND	2 C C C C C C C C C C C C C C C C C C C	12.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 11
ile NME Preet address	PSD R ALVAREZ, SONYA 12955 Ixora Rd.	☐ Delete	TITLE NAME Street A	VDORESS   12	VAREZ, SONYA 955 Ixora Rd.	dress	⊠ Change	. Addition
TY-S1-ZIP TLE	No. Miami, Fla		CHY-S1-		. Miami, Fla. 3		Change	Addition
AME REET ADDRESS IY-ST-ZIP	TD GUERRA, YVO 17500 S.W.	LUIS 110th Ave.	NAME STREET A CITY-ST-	175	RRA, YVO LUIS 00 S.W. 110th A	dress Ave.		
LE Me	Miami, Fla.	3315/ Delete	TITLE NAME	Mia	<del>mi, Fla. 33157</del> 1000 1-	П4Е	☐ Change	Addition
TREET ADDRESS TY-ST-ZIP			STREET A	1	-1	1/02/( ***159	7101	01201
TLE AME REET ADDRESS		☐ Delete	TITLE NAME STREET A			··· <del>·············</del>	Change	Addition !
TY-ST-ZIP			CITY-ST-	ı				[] page.
ME REET ADDRESS		Delete	TITLE NAME STREET A				Change	☐ Addition
TY-ST-ZIP TLE	-	☐ Delete	TITLE	ur			☐ Change	SPAddition
ME REET ADDRESS TY-ST-ZIP			NAME STREET AL CITY-ST-				1	Ø1

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each; that 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

OCT-25-01 THU 09:58 AM LAZARUS CORPORATION FAX:3052201440

PAGE 1

DATE: <u>10-26-01</u>

FL. DEPARTMENT OF STATE ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY CORPORATION ALCASABA G.A. INVESTMENTS, INC. DOCUMENT# \_\_\_\_\_P0000014099 NEVER RECEIVED THE ANNUAL REPORT THIS YEAR, PLEASE ACCEPT OUR PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE REPORT. THANKING YOU IN ADVANCE

PSD ALVAREZ, SONYA

PRINT NAME/ TITLE