2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

P01000049531

1. Entity Name

ALPHA INT'L MORTGAGE GROUP INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90232 027 ***150.00

Principal Place 1000 PONCE DE CORAL GABLES	LEON BLVD. STE 124	1000 PC	Mailing Address 1000 PONCE DE LEON BLVD. STE 124 CORAL GABLES FL 33134								
. Principal Pla	ce of Business	3. Mailin	g Address	•			I INTEREST THE USER ASIN AND A	ālii ādin pibia i	.,.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt. #	, etc.	Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
			Oi a Chile			4. FEI Number on 4404050 Applied For					
City & State		City 8	City & State				65-1104852			Applicable	
Zip Country		Zip	Zip		Country		ertificate of Status Desired		.75 Addit Required	ional	
	6. Name and Address of Currer	t Registered	Agent	L		7. N	ame and Address of New Reg	istered Age	nt		
	6. Name and Address of Curren	Trioglotore			Name						
GARCIA, H	ECTOR S					Street Address (P.O. Box Number is Not Acceptable)					
	CE DE LEON BLVD, STE 124		_								
	BLES FL 33134								Zip Code		
					City			FL	•	i	
the obligation	named entity submits this statement ons of registered agent.			register	ed office or regis	tered age	ent, or both, in the State of Flori	·	iliar with, a	па ассерт	
SIGNATURE -	Signature, typed or printed name of registered ag	ent and title if appl	içable. (NOT	E: Register	ed Agent signature requ	ired when rei	instating)	DATE			
· Fl	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department	0					9. Election Campaign Fina Trust Fund Contribution.	니	Added	May Be to Fees	
10.	OFFICERS AT		RS	11		AD	DITIONS/CHANGES TO OFFIC			Addition	Ś
TITLE NAME STREET ADDRESS	PD GARCIA, HECTOR S 1000 PONCE DE LEON BLVD, CORAL GABLES FL 33134	STE 124	☐ Delete		1] Change	Addition	00/07/10/00
TITLE NAME STREET ADDRESS	CORAL GABLES FL 33134		☐ Delete	ST	LE ME REET ADDRESS IY-ST-ZIP] Change	☐ Addition	(
CITY-ST-ZIP	ZIP		□ Delete		TE TE		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
TITLE			Delete		ME	======================================					-
STREET ADDRESS		_			REET ADDRESS						
CITY-ST-ZIP				_	TY-ST-ZIP				Change	Addition	1
TITLE NAME STREET ADDRESS			☐ Delete	N/ S ³	TLE AME TREET ADDRESS TY-ST-ZIP				-		
CITY-ST-ZIP					TLE	<u> </u>			Change	Addition	7
NAME STREET ADDRESS			☐ Delete	N S	ame Treet address ITY-ST-2IP						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Delete	N S	ITLE AME TREET ADDRESS ITY-ST-ZIP				Change	Addition	
12. I hereby indicate of the cochange	certify that the information supplied d on this report or supplemental rep proporation or the receiver or trustee d, or on an attachment with an addre	with this filin ort is true and empowered to ess, with all o	g does not qualify d accurate and that o execute this rep that like empower	for the eat my sig ort as red ed.	quired by Chapte	r 607, Flo	n 119.07(3)(i), Florida Statutes. e legal effect as if made under under under statutes; and that my nam	e appears in	DIODIC TO S		~