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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90098 042 ***150.00

	OCUMENT	#	P33401
1.	Corporation Name		

ALFO EI	C. INC.						T 	ERRENDE CERRE		
Principal Place	e of Business	Mailing Address	s					·		
462 SEVENTH A	AVE	462 SEVENTH A	٧E							
12TH FLOOR 12TH FLOOR						50.007.40	NTE IN THI	CDACE		
NEW YORK NY 10423 NEW YORK NY 10018							RITE IN THIS	SPACE		
US	10018	U\$					3. Date Incorporated or Qualife	a		
							03/29/1991	-		
2. Principal P	lace of Business	2a. Mailing Add	ress				4. FEI Number		⊢ ∔—	plied For
21		26	_				13-2640366			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	‡, etc.				5. Certificate of Status Desired		\$8.75 <i>A</i>	
22		27					3. Ourmoute of olding beamen		Fee Re	equired
City & Stat	8	City & State	9				6. Election Campaign Financing	g	\$5.00	May Be
23		28					Trust Fund Contribution	Ш	Added t	to Fees
Zip	Country	Zip		Country	/	•	8. This corporation owes the cu	irrent year In	tangible	
24	25	29	3	0			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent					10. Name and Address of New	Registered	Agent	
				81	Nam	е				
GRE	BER, CARRIE			100	- 		ss (P.O. Box Number is Not Acce	atable)		
8259	N MILITARY TRAIL			82	Stree	et Addres	ss (P.O. Box Number is Not Acce	жаше)		
PALM	M BCH FL 33410			83	 -					
ļ				84	City			F۱	85 Zip (Code
				41 . 1	<u> </u>		Line at health about the the			rogistered
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Star	1502 and 607.1508, Floa ite of Florida. Such chai	rida Statutes nge was auth	, tne abov horized by	e-name	eo corpoi rporation	's board of directors. I hereby acc	ept the appoi	intment as re	gistered
agent. I a	m familiar with, and accept the obli	gations of, Section 607	.USUS, FIORIU	ia Statutes	š.		_		1 1-	<u>a</u>
agent. I a	m familiar with, and accept the obli	igations of, Section 607	.0505, Florid	LE (RUB	EL	DIRECTOR		1/26/9	9
agent. I a	m familiar with, and accept the obligation of the control of the c	gations of, Section 607	.0505, Florid	LE C	RUB	EL	when reignaturing)	DATE	1/20/9	9
agent. I a	Signatur pped or printed name of registered a	agent and little if applicable. AND DIRECTORS	(NOTE: R	LE (egistered Ager 13.	RUB	EL	DIRECTOR	DATE	/16/9 ND DIRECTO	9 DRS IN 12
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agent. I a SIGNATURE 12.	Signatur pped or printed name of registered a	agent and little if applicable. AND DIRECTORS	(NOTE: R	LE (egistered Ager 13.	RUB	EL	when reignaturing)	DATE	/16/9 ND DIRECTO	9 DRS IN 12
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agent. I a SIGNATURE 12. TITLE NAME	Signatur Exped or printed name of registered a OFFICERS / PD SHER, RICHARD 405 E. 63RD ST., APT. 2E NEW YORK NY	gations of, Section 607 agent and title if applicable. AND DIRECTORS	(NOTE: R	LLE Consistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signatu	EL required v	when reignaturing)	DATE	/16/9 ND DIRECTO	9 DRS IN 12
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14. 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 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 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 an appear of the corporation of the corporation

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS