FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:15

DOCUMENT # P92000005265 (3)

1. Corporation Name
ALPI INVESTMENTS, INC.

Principal Place of Business	Mailing Address
9243 LAKE SERENA DRIVE BOCA RATON FL 33496-6502 US	9243 LAKE SERENA DRIVE BOCA RATON FL 33496-6502 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/17/1992
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21: 61 EDGEWATER DRIVE
22: Suite, Apt. #, etc.
23: City & State: CORAL GABLES
24: Zip: 33133
25: Country: FL

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0374566 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TAMBORRA, KATTYA N
4511 S OCEAN BLVD.
STE 704
HIGHLAND BCH FL 33487

10. Name and Address of New Registered Agent

81 Name: TAMBORRA KATTYA N.
82 Street Address (P.O. Box Number is Not Acceptable): 9243 LAKE SERENA DRIVE
83:
84 City: BOCA RATON FL 85 Zip Code: 33496

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PMT	1.1 TITLE	☒ Change ☐ Addition
NAME	TAMBORRA, FRANCO	1.2 NAME	TAMBORRA FRANCO
STREET ADDRESS	4511 S OCEAN BLVD. #704	1.3 STREET ADDRESS	9243 LAKE SERENA DRIVE
CITY-ST-ZIP	HIGHLAND BCH FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	TAMBORRA, KATTYA N	2.2 NAME	TAMBORRA KATTYA N.
STREET ADDRESS	4511 S OCEAN BLVD. #704	2.3 STREET ADDRESS	9243 LAKE SERENA DRIVE
CITY-ST-ZIP	HIGHLAND BCH FL	2.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this 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 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 on an attachment with an address.

SIGNATURE: FRANCO TAMBORRA, 03/07/95, 407-8524533
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0280002 CP