

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 28 AM 9:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000001501 (4)

1. Corporation Name

ALY T.V. CORP.

Principal Place of Business

**1111 S.W. 21ST AVE.
BAY 21
FT LAUDERDALE FL 33312**

Mailing Address

**1111 S.W. 21ST AVE.
BAY 21
FT LAUDERDALE FL 33312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1993

3a. Date of Last Report

01/19/1994

4. FEI Number

65-0381209

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Exemption Certificate Fee

☐ **\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ESPAILLAT, JOSE S
1111 SW 21 AVE
FT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

(Signature of Registered Agent or person authorized to sign on behalf of the corporation)

(If the Registered Agent signature is required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

**ESPAILLAT, JOSE S
2301 S.W. 50TH TERRACE
FT LAUDERDALE FL**

STREET ADDRESS

CITY, ST, ZIP

TITLE

SD

NAME

**ESPAILLAT, JOSE L
17060 N.E. 5TH COURT
N MIAMI BEACH FL 33162**

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 1.03 (2)(b)(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 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jose S. Espallat - Jose S. Espallat X

7-24-95

SIGNATURE AND DATED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Print name