FILED Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90003 008 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000008899 1. Corporation Name

	s nail s	ALON, INC.							
]) wit.					A SPANJARA JAMA SAINA JAHAN ARNIN TAR	il aenik baiki enial kalak lena takka lekt	
									Ш
Principal Place	e of Busines	\$	Mailing Add	ress			i indiinen iin inine iiii dalii eni	er darie marer Stiffe enrife effeta enten filte.	iee:
19361 SW 186 ST 19361 SW 186 ST									
MIAMI FL 33187 MIAMI FL 33187							Do MOT WENT		
		•						IN THIS SPACE	
							3. Date Incorporated or Qualified 02/04/1993		1
2. Principal Pl	lace of Rusin	1000	2a. Mailing	Address			4. FEI Number	Applied For	
21			<u> </u>	26			65-0385229	Not Applicat	ote
	Suite, Apt. #, etc.			Suite, Apt. #, etc.				S8.75 Additional	
22			27	27			5. Certificate of Status Desired	Fee Required	
City & State ,			City & S	City & State			6. Election Campaign Financing	\$5.00 May Be	
23	 .		28				Trust Fund Contribution	Added to Fees	_
Zip		Country	Zíp		Countr	у	8. This corporation owes the curren	. – –	
24 25 29 29 9. Name and Address of Current Registered Agent			30		Intangible Personal Property. Yes No 10. Name and Address of New Registered Agent				
	9. Name	and Address of Curre	nt Registered Ag	6111	8	Name	10. Name and Address of New Re	gistered Agent	
SAN	NTIAGO, BA	ARBARA G							
19361 SW 186TH ST				82 Stre			idress (P.O. Box Number is Not Acceptable	ie)	1
MIA	MI FL 331	37			8:	3			\neg
					8-	City		85 Zip Code.	_
}] .	City		FL 3 25 Cook	
11. Pursuant	to the provi	sions of sections 607.05	02 and 607.1508, F	lorida Statute	s, the above	e-named cor	poration submits this statement for the purp	oose of changing its registered	Ì
agent. I a	registered aç am familiar v	gent, or both, in the Stat vith, and accept the obli	gations of, section	change was a 607.0505, Flo	orida Statute	y ine corpor is.	ation's board of directors. I hereby accept	ine appointment as registered	- 1
SIGNATURE.									1
<u></u>	Signature, typed	or printed name of registered ag		(NC		Agent signature	required when reinstating)	DATE	?
12.							400-00-00-00-00-00-00-00-00-00-00-00-00-	0500 AUD DIDEOTODO III 40	1 2
 		OF TICENS A	ND DIRECTORS	7	13.	т	ADDITIONS/CHANGES TO OFFI		
<u> </u>	D		ND DIRECTORS	DELETE	1.1 TITLE	·	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addit	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 3 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

Daytime Phone #