

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000011676 (2)

1. Corporation Name

ALPHA & OMEGA UNIVERSE, INC.



Principal Place of Business

7380 SNAD LAKE RD
STE 390
ORLANDO FL 32819
US

Mailing Address

7380 SAND LAKE RD
STE - 390
ORLANDO FL 32819
US

3. Date Incorporated or Qualified
02/08/1993

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 2450 SAND LAKE RD.

26 2450 SAND LAKE RD.

4. FEI Number

59-3165516

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ORLANDO

28 ORLANDO

Zip

Country

Zip

Country

24 32809

25

29

32809

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERREIRA, SAULO D
7380 SAND LAKE RD, S-532
ORLANDO FL 32819

81 Name

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

83 2450 SAND LAKE RD.

84 City ORLANDO

FL

85 Zip Code 32809

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FERREIRA, SAULO D
STREET ADDRESS 7380 SAND LAKE RD S390
CITY-ST-ZIP ORLANDO FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2450 SAND LAKE RD
1.4 CITY-ST-ZIP ORLANDO, FL 32809

Change Addition

TITLE D
NAME KUO, PHILIP T
STREET ADDRESS 7380 SAND LAKE RD S390
CITY-ST-ZIP ORLANDO FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2450 SAND LAKE RD
2.4 CITY-ST-ZIP ORLANDO, FL 32809

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRES) PHILIP KUO 2/16/96 (407) 240-3936

Date

Daytime Phone #

CR2E034 (12/95)