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

APPROVED AND FILED

95 MAR -7 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029600 (2)

1. Corporation Name
ALFAMARINA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2662 WEST 60TH PLACE HIALEAH FL 33016	2662 WEST 60TH PLACE HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1993	3a. Date of Last Report: 02/11/1994
4. FEI Number: 65-0403661	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VELASCO, FERNANDO A 2662 W 60 PL HIALEAH FL 33016	81 Name: FERNANDO AMPUERO 82 Street Address (P.O. Box Number is Not Acceptable): 2662 W. 60 PL 83: HIALEAH FL. 33016 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 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: X _____ (Signature of new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	11 TITLE	DS	☐ Change ☐ Addition
NAME	VELASCO, FERNANDO A	12 NAME	FERNANDO AMPUERO	
STREET ADDRESS	2662 WEST 60TH PLACE	13 STREET ADDRESS	2662 WEST 60TH PLACE	
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	HIALEAH FL	
TITLE	P	21 TITLE	P	☐ Change ☐ Addition
NAME	MONGE, LUIS F ESPINOZ	22 NAME	LUIS F. ESPINOZA	
STREET ADDRESS	CARCHI 1526 Y COLON	23 STREET ADDRESS	CARCHI 1526 Y COLON	
CITY-ST-ZIP	GUAYOQUIL EC	24 CITY-ST-ZIP	GUAYAQUIL-ECUADOR	
TITLE	V	31 TITLE	V	☐ Change ☐ Addition
NAME	MONGE, WILLIAM E	32 NAME	WILLIAM ESPINOZA	
STREET ADDRESS	CARCHI 1526 Y COLON	33 STREET ADDRESS	CARCHI 1526 Y COLON	
CITY-ST-ZIP	GUAYOQUIL EC	34 CITY-ST-ZIP	GUAYAQUIL-ECUADOR	
TITLE	T	41 TITLE	T	☐ Change ☐ Addition
NAME	GARATE, MARCOS E	42 NAME	MARCOS ESPINOZA	
STREET ADDRESS	CARCHI 1526 Y COLON	43 STREET ADDRESS	CARCHI 1525 Y COLON	
CITY-ST-ZIP	GUAYOQUIL EC	44 CITY-ST-ZIP	GUAYAQUIL-ECUADOR	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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, added or deleted.

SIGNATURE: X _____ SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR Date Daytime Phone #

0008446 CP