SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060329 (8)

ALPHA INDUSTRIES OF MIAMI, CORP.

FILED Sep 19 1997 8:00am Secretary of State

Principal Place 14941 S.W. 82 BLDG 5 SUITE	ND TERRACE	Mailing Address 14941 S.W. 82ND TERRACI BLOG 5 SUITE 203	E		
MIAMI FL 33193 MIAMI FL 33193					IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pi	ace of Business	2a. Mailing Address		08/27/1993 4. FEI Number	08/13/1996 Applied For
21/557	4 5.W.112 WAY	26 15574 S.W	1. 110 WAR	65-0433393	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- LIZ XXIII		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	ni, F/.	City & State 28 MIAMI	1-	6. Election Campalgn Financing Trust Fund Contribution	\$5.00 May Bo Added to Fees
24 <u>33/9</u>	96 25 U.S.A-		Country S.A.	8. This corporation owes or has pa Personal Property Tax due June	30. Yes No
	9. Name and Æddress of Current F	legistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
PINA, CARLOS O 14941 S.W. 82ND TERRACE					
BLDG 5, SUITE 203			82 Street Add	fress (P.O. Box Number is Not Acceptab	ole)
	MI FL 33193		83		
			84 City		85 Zip Code
					FL
office or re	o th e provisions of Sections 607,0502 a egi <mark>stered egent, or both, in the State of</mark> m fa <mark>mili</mark> ar with, and accept the obligation	Florida, Such change was au	uthorized by the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	ourpose of changing its registered of the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered agent a		Registered Agent signature requ	deed and are appletingly	DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PINA, CARLOS O	,	1.2 NAME		
STREET ADDRESS	14941 S.W. 82ND TERRACE BLI	DG 5 #203	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193		1.4 CITY - ST - 7IP		
TITLE	CAMBANIONIV LEONADDO	LLY DELETE	2.1 TITLE		Change (Addition
NAME	CAMPANIONY, LEONARDO 14941 S.W. 82ND TERRACE BLI	DC E #009	2.2 NAME		
STREET ADORESS CITY-ST-ZIP	MIAMI FL 33193	00 5 #205	2.3 STHEET ADDRESS 2.4 City-St-Zip		
THLE	Mirati I C 00180	DELETE	3.1 11118		Change Add tion
NAME			3.2 NAME		• • •
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZIP			3.4. CITY- ST- ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ŀ
CITY-ST-ZIP		Decem	4.4 C(1Y - ST - Z(P		[] (han [] 1 2 (6)
TITLE		DELETE	5.1 TITLE		L Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6 1 TITLE		Change Addition
NAME			62 NAME		orwallon Pri Manifoli
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 does not stall 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 true compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, or on an attaining report and address.

CICNATURE.

9-15-94

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