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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000061231 (5) **DOCUMENT #**

ALLTRAI	K INTERNATIONAL, INC.				
Principal Place of	' Business	Mailing Address		1 10011007 114 10110 00111 00111 00111	
1435 SW 19TH TERR. 1435 SW 19TH TERR. MIAMI FL 33145 MIAMI FL 33145					
				08/30/1993	a. Date of Last Report 07/25/1995
2. Principal Plac	e of Business	2a. Maling Address		4. FEI Number	Applied For
		26		65-0445511	Not Applicable \$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inta	
]	25		30	Florida Statutes Yes 10. Name and Address of New Regi	
	9. Name and Address of Curren	r negistered Agent	81 Name		
ANTUNES, ALBERTO 1435 NW 19TH TERR.			82 Street Add	AUNES ALISERTO ress (P.O. Box Number is Not Acceptable)	
MIAMI FL	L 33145		84 Cdv		85 Zip Code
			111	AMI retion submits this statement for the purpose tot directors. Thereby according appoint	FL 33133
ITLE	OFFICERS AN OFFICERS AN OFFICERS AN OP ANJUNES, ALBERTO	araster (againe) (best) D DIRECTORS 	13. 1 THLE 12 NAME	ADDITIONS/CHANGES TO OFFICE DP ANYUNES , ALBERYC	Criange Addition
NAME STREET ADDRESS	1435 SW 19TH TERRACE			168 NE 1st street	
STY-ST-ZIP	MIAMI FL		14 CICY+\$1-7IP	MIAMI FL 3313	<u> </u>
ITLE	D	☐ DELETE.	2 1 HLF	ANTUNES, ALBERT	Change Addition
AME	ANTUNES, ALBERTO			168 NE 159 STrai	} -
TREET ADDRESS	1435 SW 19TH TERR.		2.3 STREET ADDRESS	MIAMI FL 33/3	
ITY-ST-ZIP	MIAMI FL 33145	[] DELETE	24 C(TY - ST Z(P) 3 1 TITLE	MINMI FC 3313	Change Addition
ITLE		[] because	3 2 NAWE		
AME TREET ADDRESS			3.3 STREET ADDRESS		
HY-ST-ZIP			3 4 C/1Y - ST - Z/P		
TLF		DELFIE	4 1 1/LE		Change Addition
AME			4.2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
ITY-ST-ZIP			4.4 CITY - S1 - ZIF		Chagas C Addiso
TLE		DELETE	5 1 FILE		Change Addition
AME			5.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		T INCIDE	5 4 C(1) Y - S1 - Z(P)		Change Addition
TITLE		☐ D€LETE	6 1 TIFLE		C comide C Monte
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET AUDRESS		
CITY - ST - ZIP		The state of the s	64 CHTY - ST - ZHP	for the exemption stated in Section 119.0	7(3)(k) Florida Statutes I further

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 earth, 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 change I in go as attachment (1), an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALDEA MAUNES 04/30/96

640 -9981 Clayton Phone #