

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC 16 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087815 (5)

1. Corporation Name

ALFMAR INT'L MARKETING, INC.



REINSTATEMENT

Principal Place of Business

Mailing Address

~~141 NW 20TH ST
PLUM PARK SUITE F-1
BOCA RATON FL 33431~~

~~141 NW 20TH ST
PLUM PARK SUITE F-1
BOCA RATON FL 33431~~

2. Principal Place of Business

2a. Mailing Address

21 11713 Old River School

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Rd.

27

City & State

City & State

23 Downey CA

28

Zip

Country

Zip

Country

24 90241

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, STEPHEN J ESQ
315 SE 7TH ST
SUITE 303
FT LAUDERDALE FL 33301

81 Name

82 Street Address (P.O. Box Number is not acceptable)

83 -12/19/96-01015-002

84 City

****375.00 ****375.00

85 Zip Code

FL

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)

12/11/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME FLORES, ALFREDO
STREET ADDRESS ~~141 NW 20TH ST PLUM PARK SUITE F-1~~
CITY - ST - ZIP ~~BOCA RATON FL~~

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Flores ALFREDO
1.3 STREET ADDRESS 11713 Old River School Rd.
1.4 CITY - ST - ZIP Downey Ca. 90241

TITLE D ☐ DELETE
NAME FLORES, MARIA
STREET ADDRESS ~~141 NW 20TH ST PLUM PARK SUITE F-1~~
CITY - ST - ZIP ~~BOCA RATON FL~~

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Flores Maria
2.3 STREET ADDRESS 11713 Old River School Rd.
2.4 CITY - ST - ZIP Downey Ca. 90241

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 617, 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

9-28-96 (310) 928-1462

Date Daytime Phone