

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED Feb 03 1998 8:00am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000088155 (5)

1. Corporation Name ALONDRA, INC.



Principal Place of Business 16919 N. BAY RD #416 SUNNY ISLES FL 33160 Mailing Address 16919 N. BAY RD #416 SUNNY ISLES FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1993 4. FEI Number 65-0505728 5. Certificate of Status Desired [X] \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [] No

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

9. Name and Address of Current Registered Agent POVEDA, DONATO 16919 N. BAY RD #416 SUNNY ISLES FL 33160

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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] DATE [] (NOTE: Registered Agent signature required when reinstating)

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox.

Table with 5 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4 and Change/Addition checkboxes.

14. I hereby certify that the information supplied with this filing 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, or on an attachment with an address.

SIGNATURE: [Signature] NOTED REQUIRED 01/21/98 (305)655-0805

CR2E034 (10/97)