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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015213 (9)

ALANCO & ESTELA CORPORATION

Principal Plac	e of Business	Mailing Address		a idolidas ino laisi dian obili adein di	a andianas and Lansa Gibra desir. Socia dosia hours and a bring libba 1860 for a bring the control of the contr	
2190 & OCEAN DRIVE		3199 S OCEAN DRIVE				
≜01€		301E				
HALLANDALE FL 33009 US		HALLANDALE FL 33009-7229 US				
				3. Date Incorporated or Qualified 02/21/1994	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21]		26		65-0476769	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 Мау Ве	
Zip	Country	28		Trust Fund Contribution	Added to Fees	
24	} η ΄	- Ziρ 	Oountry	B. This corporation has liability for		
24]	9. Name and Address of Curren		3 0]	Florida Statutes 10. Name and Address of New F	Yes No	
	TESCU, NITA	t neglisteled Agelik	81 Namo		redisteren wäetit	
	8 OCEAN DRIVE			, 		
	301E		82 Street	Address (P.O. Box Number is Not Accept	able)	
	LANDALE FL 33009		83			
IVL	PUMPLIC SOUP		"			
1			84 City		85 Zip Code	
11 Purcuant	to the provining of Sections 507 REC	and CO7 1CO9. Elected Otatute	a the above some		FL 13 2.19 Code	
office or r	egistered agent, or both, in the State	of Florida, Such change was a	s, the above-named uthori≱ed by the co	d corporation submits this statement for the reporation's board of directors. I hereby acc	ept the appointment as registered	
agent. La	m forth, ar with and except the obliga	itions of, Section 607.0505, Floi	rida Statutes.	•		
SIGNATURE	Stonature, typed or printed name of his discount					
12.	OFFICERS AND	Third of the capturation (NOT)	13.	re required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	
TITLE	POT	DELETE	1 1 117 LE	ADDITIONS/CHANGES TO OFF	Change Addition	
NAME	COSTESCU, NITA	Д ми	12 NAME		Change (1) Addition	
STREET ADDRESS	3199 S OCEAN DRIVE, UNIT 3)1E	1.3 STREEL ADDRESS			
CITY-ST-ZIP	HALLANDALE FL					
TITLE		DELFTE	1.4 C/TY+ST-7IP 2.1 THILE	<u> </u>	Change Addition	
NAME			22 NAME		C Ollarige & Modilio-1	
STREET ADDRESS			2.3 \$1REFT ADDRESS			
CITY-ST-ZIP						
TITLE		DOLETE	2. # CITY - ST - ZIP 3.1 TITLE		Change Addition	
NAME			3.2 NAME		- Contained [] Addition	
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP						
TITLE		☐ DELFTE	3.4 CITY-S1-7IP 4.1 TITLE		Change Addition	
NAME			4. P NAME	1	La visinge La visition	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	1		
TITLE	******	☐ DECETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		Change Li Adollari	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - \$1 - 7IP			
TITLE		DELETE	61 IRUF		Change Addition	
NAME		— .	62 NAME		E Country	
STREET ADORESS			63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-7:P			
14. I do heret	by certify that the information supplied	with this filing does not qualify	for the exemption:	L stated in Section 119.07(3)(i), Florida Statul	tes. I further certify that the	
 Informatio 	n ⊧ndicaled on this annual report or si	ipulemental annual report is tru	ie and accurate an	d that my signature shall have the same leg report as required by Chapter 607, Florida	as offeet as if made under eath, that	
appears in	n Block 12 or Block 13 12 hanged, or	on an attachment with an addr	ess.	report as required by Chapter 607, Florida	statutes, and that my name	