

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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000024416
1. Corporation Name

ALPHA SPORTS CORPORATION

Principal Place of Business Mailing Address
4000 TOWERSIDE TERRACE #1607 MIAMI, FL 33138 **2100 PONCE DE LEON BLVD #1110 CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **3-29-94** 3a. Date of Last Report: **NOT APPLICABLE**

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

4. FEI Number: **65-0552934** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**JUAN T. O'NAGHTEN
c/o DE ZAYAS, O'NAGHTEN & DIAZ
GRAND BAY OFFICE PLAZA, #1100
2665 S. BAYSHORE DRIVE
MIAMI, FLORIDA 33133**

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 typed or printed name of registered agent and title if applicable) (Signature typed or printed name of registered agent and title if applicable) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	RAFAEL FERNANDEZ
STREET ADDRESS	4000 TOWERSIDE TERRACE, #1607
CITY, ST, ZIP	MIAMI, FLORIDA 33138
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	300001484873
24 CITY, ST, ZIP	-05/12/95--01007--008
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	****200.00 ****200.00
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 registered or trustor empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, in the corporation's address.

SIGNATURE: _____ **4/28/95 (305) 446-0114**
(Signature typed or printed name of signing officer or director) Date (Signature typed)