FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025715 (1)**

1. Corporation Name
ALEGRE'S SERVICES, INC.

Principal Place of Business	Mailing Address
5950 E. 3RD AVE. HIALEAH FL 33013	5950 E. 3RD AVE. HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report:

2. Principal Place of Business 21 6001 NW 153 St.	2a. Mailing Address 26 6001 NW 153 ST
Suite, Apt. #, etc. 22 Suite - A	Suite, Apt. #, etc. 27 Suite - A
City & State 23 Miami Lakes Fl.	City & State 28 Miami Lakes Fl.
Zip / Country 24 33014 / 25 DAde	Zip / Country 29 33014 / 30 DAde.

4. FEI Number: 65-0486940 ☐ 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	10. Name and Address of New Registered Agent
ALBELO, TERESITA 5950 E. 3RD AVE. HIALEAH FL 33013	01 Name: Albelo, TeresitA 02 Street Address (P.O. Box Number is Not Acceptable): 6001 NW 153 ST 03: Suite - A 04 City: Miami Lakes FL 05 Zip Code: 33014

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: TeresitA Albelo Teresita Albelo 04/08/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition P
NAME	ALBELO, TERESITA	12 NAME	Albelo TeresitA
STREET ADDRESS	5950 E. 3RD AVE.	13 STREET ADDRESS	6001 NW 153 St. Suite - A
CITY-ST-ZIP	HIALEAH FL 33013	14 CITY-ST-ZIP	Miami Lakes Fl. 33014
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Teresita Albelo Teresita Albelo 04/08/95 822-3737
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0003082 CP