

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90093 043 \*\*\*150.00

DOCUMENT # P94000027274

1. Corporation Name

ALFA UMBRELLA COMPANY OF AMERICA

Principal Place of Business

4530 N HIATUS RD  
SUITE 118  
SUNRISE FL 33351  
US

Mailing Address

4530 N HIATUS RD  
SUITE 107  
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

4. FEI Number

65-0484936

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4500 No. Hiatus Rd  
Suite, Apt. #, etc.

2a. Mailing Address

26 4500 No. Hiatus Rd  
Suite, Apt. #, etc.

22 Ste 205  
City & State

27 Ste 205  
City & State

23 Sunrise, FL.  
Zip Country

28 Sunrise, FL.  
Zip Country

24 3351 25 U.S.A.  
29 33351 30 U.S.A.

9. Name and Address of Current Registered Agent

FRANTZ, JEFFREY W.  
11900 BISCAYNE BLVD  
SUITE 408  
N MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name LINDA HARIOUK  
82 Street Address (P.O. Box Number is Not Acceptable)  
8086 NW 15th MANOR  
83  
84 City PLANTATION FL 85 Zip Code 33327

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

Linda Hariouk

April 27, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPTS  
NAME HARIOUK, LINDA  
STREET ADDRESS 4530 N HIATUS RD SUITE 107  
CITY-ST-ZIP SUNRISE FL 33351

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Linda Hariouk

President

DATE

April 27, 1999

Daytime Phone #

CR2E034 (11/98)