
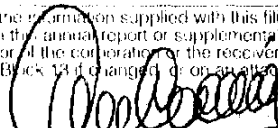


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 19 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P94000054302 (2)</b>			
<b>1. Corporation Name</b> <b>ALFA INTERNATIONAL SALES, INC.</b>			
<b>Principal Place of Business</b> 9471 NW 12TH ST MIAMI FL 33172 US		<b>Mailing Address</b> P O BOX 52-4007 MIAMI FL 33152-4007 US	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b> Suite, Apt. #, etc.		<b>26</b> Suite, Apt. #, etc.	
<b>22</b> City & State		<b>27</b> City & State	
<b>23</b> Zip		<b>28</b> Zip	
<b>24</b> Country		<b>29</b> Country	
<b>25</b>		<b>30</b>	
<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>CACERES, MARTA 8290 LAKE DRIVE #222 MIAMI FL 33166</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	
		<b>FL</b>	
		<b>85</b> Zip Code	
<b>11.</b> 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.			
<b>SIGNATURE</b>			
<small>Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>PVTD</b> <input type="checkbox"/> DELETE		<b>1.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> <b>CACERES, MARTA</b>		<b>1.2 NAME</b>	
<b>STREET ADDRESS</b> <b>8290 LAKE DRIVE #222</b>		<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <b>MIAMI FL 33166</b>		<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b> <b>V</b> <input checked="" type="checkbox"/> DELETE		<b>2.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> <b>CACERES, ADRIANA L</b>		<b>2.2 NAME</b>	
<b>STREET ADDRESS</b> <b>8290 LAKE DR 222</b>		<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <b>MIAMI FL</b>		<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE		<b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE		<b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE		<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE		<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	
<b>14.</b> I do 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.			
<b>SIGNATURE:</b>		<b>3-13-97 (305) 477-6072</b>	
		<b>Date</b>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Daytime Phone #</b>	

CR2E034 (9/96)