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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400081692

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90035 020 ***150.00

 Corporation 		,						İ			
ALPHA 2	! (MIA) INC:										
								A PORTINAN AND MANAGEMENT REAL PROPERTY OF A	31110 10110 1101 1301		
							_				
Principal Place	of Business	Maili	ng Address								
3490 PEIDMON	T ROAD N.E.										
SUITE 1200. ONE SECURITIES CENTRE SUITE 1200. ONE SECURITIES CENTRE							DO NOT WRITE IN THIS SPACE				
ATLANTA GA 30305 ATLANTA GA 30305							3. Date Incorporated or Qualifed				
								11/09/1994			
2 Principal Pl	ace of Business	2a. M	lailing Address .		$\overline{}$			4 CEI Number	Applied For		
21 3490	2 (MIA) INC. 28 of Business JT ROAD NE. NE SECURITIES CENTRE 3490 PEIDMONT ROAD N.E. SUITE 1200. ONE SECURITIES C ATLANTA GA 30305 Tage of Business VICALNOTH ROAD N.E. 12 2a. Mailling Address 2a. Mailling Address 2b. Jago Vicalnoth Suite, Apt. #, etc. 27 28 3490 Vicalnoth Suite, Apt. #, etc. 29 9. Name and Address of Current Registered Agent CORPORATION SYSTEM D SOUTH PINE ISLAND ROAD NTATION FL 33324 To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the registered agent, or both, in the State of Florida. Such change was authorian familiar with, and accept the obligations of, Section 607.0505, Florida Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS C DELETE BRUNI, BIAGIO 3490 PIEDMONT ROAD, N.E., SUITE 1200 ATLANTA GA 30305 T DELETE 3 HALLORAN, TAHIRA 3490 PIEDMONT ROAD, N.E., SUITE 1200 ATLANTA GA 30305 D DELETE 4 A 4 A D DELETE 4 A D DELETE 5 5 5 5				K	Md	1.6	65-0543968	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					<u> </u>				5 Additional		
								LE Cortifente of Status Desired LE	e Required		
								6. Election Campaign Financing 55.	00 May Be		
23								1	ted to Fees		
Zip	Country Zip				Country			8. This corporation owes the current year Intangible			
24	25	29		30				Personal Property Tax.	DNo		
	9. Name and Address of Current	Register	red Agent		L,	·		10. Name and Address of New Registered Agent			
07.0	ACRECALTION OVETTI			İ	81	Name					
					82	Street /	Addres	ss (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324				i	83						
					84	City		85	Zip Code		
						•		<u>FL </u>			
11. Pursuant	to the provisions of Sections 607.0502	and 607 Florida	.1508, Florida Statute Such change was al	es, the al	bove I bv	e-named of the corpo	corpor	ration submits this statement for the purpose of changin his board of directors. I hereby accept the appointment a	g its registered is registered		
agent. I a	m familiar with, and accept the obligation	ns of, S	ection 607.0505, Flor	rida Statı	utes.						
SIGNATURE								·			
	_ 				Agen	t signature re	equired v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOPS IN 12		
12.		DIREC		13.	n c	r	Der	500 an to officers and bire			
TITLE	=			1.2 NZ		Į		Since Coprible			
NAME		HTE 12	nn		. –	ADDRESS	711	lliner Gabrielle 90 Piledmont Rd, Juille 1200			
STREET ADDRESS		JIIL 12	00			- 1	ď,	tlanta GA 30305			
CITY-ST-ZIP TITLE			DELETE	1.4 Ci		1-ZIP	_1.1.	Cha	nge Addition		
				2.2 NA		}			_		
NAME		UTE 12	00			ADDRESS					
STREET ADDRESS) L Z	00	2.4 C		1					
CITY-ST-ZIP TITLE	T		DELETE	3.1 TI		1-21		☐ Cha	nge		
NAME	HALLORAN TAHIRA			3.2 NA				_	-		
STREET ADDRESS		IITE 12	00			ADDRESS					
CITY-ST-ZIP		/IIC IC	•	3.4. CI							
TITLE	711211111111111111111111111111111111111		☐ DELETE	4.1 79				Cha	nge Addition		
NAME				4.2 N	AME	-					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.4 CI	TY-ST	r-zip					
TITLE			DELETE	5.1 TI				☐ Cha	nge Addition		
NAME				5.2 NA	ME						
STREET ADDRESS				5 3 ST	REET	ADDRESS					
CITY-ST-ZIP				5.4 CI	TY-ST	r-zip					
TITLE		1	☐ DELETE	6.1 717	ΓLE			☐ Cha	nge Addition		
NAME		//		6.2 NA	ME	1					
STREET ADDRESS	/			6.3 ST	REET	ADDRESS					
CITY-ST-ZIP		<u>′</u>		6.4 CF	TY-ST	r-ziP					

14. I hereby certify that the information supplied with this filling 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 supplier on 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 or the receiver of the corporation or the receiver of trustee empowered.

SIGNATURE:

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1125199

404 814 9555 Daytime Phone # 7.KZEU34 (11/9)