

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

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95 APR 18 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P94000093991 (5)

1. Corporation Name
GABRIEL ALFONSO, CORP.

Principal Place of Business: 7633 W 29TH LN - HIALEAH FL 33016
 Mailing Address: 7633 W 29TH LN HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1994
 3a. Date of Last Report

4. FEI Number: 65-0542324
 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

2. Principal Place of Business: 21 10201 NW 135 ST, Suite, Apt. # etc
 2a. Mailing Address: 25 10201 NW 135 ST, Suite, Apt. #, etc
 22. City & State: 23 HIALEAH GARDENS, FL
 26. City & State: 27 HIALEAH GARDENS, FL
 24. Zip: 25 PAGE 33016
 28. Zip: 29 33016
 30. DART

9. Name and Address of Current Registered Agent
**ALFONSO, GABRIEL
 10201 NW 135TH ST
 HIALEAH GARDENS FL 33016**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFONSO, GABRIEL	1.2 NAME	
STREET ADDRESS	10201 NW 135TH ST	1.3 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH GARDENS FL 33016	1.4 CITY, ST, ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFONSO, DINORAH	2.2 NAME	
STREET ADDRESS	10201 NW 135TH ST	2.3 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH GARDENS FL 33016	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, 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 receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report with an address.

SIGNATURE: _____
 INK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95
 821-7851
 TALLAHASSEE, FLORIDA