SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

ALBA H	OLDINGS, CORP. o of Business ANE DR SUITE 705	Meiling Address 170 OCEAN LANE DR SU KEY BISCAYNE FL 33149	IITE 705						
						3. Date Incorporated or Qualifie		Date of Last F	Report
						01/04/1995	0	5/01/1996	· i
	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
Suite, Apt.	#. elc	26 Suite, Apt. #, etc.				65-0543601			ot Applicable Additional
22		27				5. Certificate of Status Desired			equired
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Count	ry		8. This corporation owes or has	•		_ ~
24	25 9. Name and Address of Currer		<u>30</u>			Personal Property Tax due Ju 10. Name and Address of New			_] No
AGI	RAMUNT, LUIS	it negistered Agent	8	1 Name		· · · · · · · · · · · · · · · · · · ·	Haftistere	n waant	····
	SW 8TH ST SUITE 2077		ءَ ا	2 Street		SS (P.O. Box Number is Not Accept	table)		
MIAMI FL 33130			L.		170	OCEAN LANE D	R. T	<i>#705</i>	
ļ			8	3					
			8	4 City	LE V	BISCAYNE	F	85 Zip	Code 3149
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the abo	ve-named	corpo	ration submits this statement for th	e purpose	of changing i	its registered
agent. I a	to the provisions of Sections 607.050 ogistered agent, or both, in the State on familiar with, and accept the solid sections agent the solid sections of beginning agents agent the solid section agents of beginning agents.	mez				whon reinstating)	7/2	1/97	
12.		D DIRECTORS	13.	gen s grature	requied	ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE					Change	Addition
NAME	GOMEZ, MANUEL		1.2 NAME						
STREET ADDRESS	% 170 OCEAN LANE DR SU	IIE 705		FT ADDRESS					
CITY-ST-ZIP TITLE	KEY BISCAYNE FL 33149	DELFTE	1.4 CITY-ST-ZIP 2.1 THILE					Change	Addition
NAME		<u></u>	2.2 NAM					CTI Ovanigo	
STHEET ADDRESS			2.3 STRE	ET ADORESS					
CITY-ST-ZIP			2. 4 CiTy	- ST - ZIP					
TITLE	☐ DELU		3.1 TITLE					☐ Change	Addition
NAME			3.2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP TITLE	DELETE			3.4. CITY+ST+7IP 4.1 TITLE				☐ Change	Addition
NAME			4.2 NAME						
STREET ADDRESS			43 STRE	ET ADDRESS					
CITY-ST-ZIP			4 4 CITY	- \$1 - Z(P					
TITLE		☐ DELETE	5 1 THILE					☐ Change	Addition
NAME STREET ADDRESS			5.2 NAM						
STREET ADDRESS City-St-Zip			5.4 CITY	ET ADDRESS					
			J.4 bill	D1. 11.					
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
		☐ DELETE	6.1 TITLE 6.2 NAM					☐ Change	☐ Addition

City-St-ZiP

14. I do heroby 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 eath; 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, prior in attachment with an address.

FILED

Aug 01 1997 8:00am

Secretary of State