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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000002116 (8)

ALCA	INTERNATION	al. Inc.

Principal Place of Business Mailing Address				1 (00)(00) (10 10:0) 0(1)(00)(00)(00)(00)(00)	åris Måriå (184) 11861 rins Brit (66)		
10431 S.W. 88 STREET Suite D-110 Miami Fl 33176		SUITE D-11	10431 S.W. 88 STREET Suite D-110 Miami Fl 33176		Date Incorporated or Qualified 3a.	Date of Last Report	
						01/01/1995	Date of East Fieport
2. Principal Pla	ce of Business	2a. Mailing Ad	dress			4 FELNumber	Applied For
21	00 c. p. 00 ii 00 c	26				65-054762	Not Applicable
Suite, Apt. #	i, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				O. Commence of Octave Doorse	Fee Required
City & State		City & Stat	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Continuation —	Added to Fees	
	Country	Zip	·	Country		8. This corporation has liability for intangil Florida Statutes Yes □ N	
24	9. Name and Address of Cu	urent Registered Ager	30			10. Name and Address of New Register	
	9, Italie and Address of Ct	intenii negistered Agor		81	Name	10.	
0.1005	D4 44411161 1			-		(I) O. Day N. Induction Not Accordable)	
CABRERA, MANUEL I				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	S.W. 88 STREET			83			
SUITE I							las I 7 o Cado
MIAMI I	FL 33176			84	City		FL 85 Zip Code
SIGNATURE)), and accept the obligations of, Signature, typed or printed name of expetiors.	dagent and title it applicable:	(NOTE: Fleg		t signature requi		VIE
12.	OF LICERS	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change
TITLE	PSTD	[] L	ELETE	1. 1 TITLE			change Abouton
NAME	CABRERA, MANUEL I	ALEST D 445		1.2 NAME	ADDRECE		
STREET ADDRESS	10431 S.W. 88 STREET	, SUITE D-110	1	1.3 STREET			
CHY-ST-ZIP TITLE	MIAMI FL 33176		ELETE	1.4 CITY - S 2 1 TITLE	1.51		Change Addition
NAME	VD ALEGRIA, CARLOS F			22 NAME	1		
STREET ADDRESS	10431 S.W. 88 STREET	SHITE D.110	1	2 3 STREET ADDRESS			
CrTY-ST-ZIP	MIAMI FL 33176	, OUTL D'ITO		2 4 CITY - S			
TITLE	THE MAIN T. P. P.A. I'C A		DELETE	3 1 TITLE			Change Addition
NAME				3 2 NAME			
STREET ADDRESS				33 STREE	LADORESS		
CITY - ST - ZIP			VE) ETC	3.4 CiTY - S	T - ZIP		☐ Change ☐ Addition
TITLE			DELETE	4 1 TITLE			☐ cuange ☐ voomon
NAME				4.2 NAME	ADDRESS		
STREET ADDRESS				4.3 STREET			
CITY-ST-ZIP TITLE			DELETE	4.4 CHY-5	01-ZIF		Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5 3 STREE	ADDRESS		
CITY-ST-ZIP				5.4 CITY - 5	1		
TITLE			DEL ETE	6 1 TITLE			☐ Change ☐ Addition
NAME			1	6.2 NAME			
STREET ADDRESS				6.3 STREE	T ADDRESS		
DITY CL 70				6 & CITY -	ST. 71P		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Manuel & Cabrera SIGNATURE and Typed on PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

02/21/96 GOD 271-4861

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