


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

CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P95000016496</u>			
1. Corporation Name ALMY ENTERPRISES, INC.			
Principal Place of Business 2100 W. 76th St. #213 Hialeah, FL. 33016		Mailing Address 2100 W. 76th St. #213 Hialeah, FL. 33016	
		DO NOT WRITE IN THIS SPACE.	
		3. Date Incorporated or Qualified 02/28/95	3a. Date of Last Report
2. Principal Place of Business 21 2100 West 76th ST.	2a. Mailing Address 26 2100 West 76th ST.	4. FEI Number 65-0569267	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 Suite 213	Suite, Apt. #, etc. 27 Suite 213	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Miami, FL.	28 City & State Miami, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33016	25 Country DADE	29 Zip 33106	30 Country DADE
9. Name and Address of Current Registered Agent Alcida Perez 2100 West 76th ST. Suite #213 Hialeah, FL. 33016		10. Name and Address of New Registered Agent	
		81 Name Alcida Perez	
		82 Street Address (P.O. Box Number is Not Acceptable) 2100 West 76th St.	
		83 Suite Suite 213	
		84 City Hialeah	85 Zip Code FL 33016
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 _____ (NOTE: Registered Agent signature required when renouncing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME Alcida Perez	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8001 S.W. 136th CT.		12 NAME	
CITY - ST - ZIP Miami, FL. 33183		13 STREET ADDRESS	
TITLE		14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		21 TITLE	
STREET ADDRESS		22 NAME	
CITY - ST - ZIP		23 STREET ADDRESS	
TITLE		24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		31 TITLE	
STREET ADDRESS		32 NAME	
CITY - ST - ZIP		33 STREET ADDRESS	
TITLE		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		41 TITLE	
STREET ADDRESS		42 NAME	
CITY - ST - ZIP		43 STREET ADDRESS	
TITLE		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		51 TITLE	
STREET ADDRESS		52 NAME	
CITY - ST - ZIP		53 STREET ADDRESS	
TITLE		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		61 TITLE	
STREET ADDRESS		62 NAME	
CITY - ST - ZIP		63 STREET ADDRESS	
TITLE		64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 my address.		800001847268 -06/03/96--01022--031 ***200.00	
SIGNATURE: <u>Alcida Perez</u>		Alcida Perez (305) 828-8277	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	