

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000043863 (6)**

1. Corporation Name

**ALTO TRADING CORP.**



Principal Place of Business

**12157 NW 34TH STREET  
SUNRISE FL 33323**

Mailing Address

**12157 NW 34TH STREET  
SUNRISE FL 33323**

3. Date Incorporated or Qualified  
**05/30/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **9824 NW 65th CT.**

2a. Mailing Address

26 **9824 NW 65th CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **TAMARAC, FLORIDA**

28 **TAMARAC, FLORIDA**

Zip

Country

Zip

Country

24 **33321**

25 **U S A**

29 **33321**

30 **U S A**

4. FET Number  
**65-0580255**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAPIR, SAMUEL**

**12157 NW 34TH STREET  
SUNRISE FL 33323**

81 Name

**SAPIR, SAMUEL**

82 Street Address (P.O. Box Number is Not Acceptable)

**9824 NW 65th CT.**

83

84 City

**TAMARAC**

**FL**

85 Zip Code

**33321**

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

**SAPIR, SAMUEL J. PRESIDENT**

(DATE) **4-21-96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT** ☐ DELETE

NAME **SAMUEL J. SAPIR**  
STREET ADDRESS **9824 NW 65th CT.**  
CITY-ST-ZIP **TAMARAC, FL. 33321**

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. CITY-ST-ZIP

7. CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

8. CITY-ST-ZIP

9. CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

10. CITY-ST-ZIP

11. CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. CITY-ST-ZIP

13. CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. CITY-ST-ZIP

15. CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

16. CITY-ST-ZIP

17. CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

18. CITY-ST-ZIP

19. CITY-ST-ZIP

SIGNATURE: **SAPIR, SAMUEL J.** **SAMUEL J. SAPIR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-96**

**954-721-3602**

DATE

DAYTIME PHONE #

CR2E034 (12/95)