FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060229 (8)

A.L.G. INVESTMENTS, INC.

lailing Address

FILED

May 09 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address							1 86118 6(11)	DB440 1404U (1811	1011 1007
4471 NORTHWEST SETH STREET		8758 S.W. 8TH STREET							
SUITE 212-A MIAMI SPRING	0 El 93160	MIAMI FL 33174-3201							
MIRMI STRING	9 LF 92100					3. Date Incorporated or Qualified	3a. Da	ate of Last R	epart
						08/03/1995		19/1996	
 i	lace of Business	2a. Mailing Address				4. FEI Number 65-0691238			plied For
21 Suite Ant	# ata	[26]				00'009 1200			t Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	e	City & State				6. Election Campaign Financing	—	\$5.00	May Bo
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Cour [an]	ntry	<i>'</i>	8. This corporation has liability for		tax under s. DNo	. 199,032,
24	25 9. Name and Address of Currer		30	- · ·		Florida Statutes 10. Name and Address of New Re	~		
BOL	ORIGUEZ, ALBA	· · · · · · · · · · · · · · · · · · ·		81	Name	70. 11011 110	giototoo	- you	
	SOUTH ROYAL PONCIANA BLVI	1	ļ						
	MI SPRINGS FL 33166	••		82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
*****	+- 101144 1 = 44144			83					
					C.11	CONTRACTOR OF THE SPECIAL SECURIOR SECURIOR ASSESSMENT OF THE SPECIAL SECURIOR SECUR		Tank as a	~
				84	City		FL	85 Zip (Боде
SIGNATURE	Signature, typed or pointed name of registered age	int and title if applicable (NOTE	Registered		y the corporations.		DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	Augusta and San	
TITLE	DP Rodriguez, Alba	☐ DEFETE	1.1 10					Change	Addition
NAME	73 SOUTH ROAYL PONCIANA	RIVD	1.2 NA						
STREET ADDRESS	MIAMI SPINGS FL 33166	i DLID.			ADDRESS				
CITY-ST-ZIP TITLE	mirani oi iitoo i e oo ioo	DELETE	1.4 CT 2.1 TIT		51 - 20P			Change	Addition
NAME		t perri	22 NA					E'' Olkingo	L_ /Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			1		ST - ZIF				
TATLE		DELETE	31711		VI - EII			Change	Addition
NAME			3.2 NA	ME				-	
STREET ADDRESS			3.3 \$1	REEI	ADDRESS				
CITY-ST-ZIP			3.4. CI	TY - 9	\$1 · 2(l)				
TITLE		☐ DELETE	4.1 Til	LE				Change	Addition
NAME			4. 2 N/	AME					
STREET ADDRESS			4.3 \$1	KEE 1	ADDRES\$				
CITY-ST-ZIP			4.4 CI		51 - 71P				
TITLE		DELETE	5.1 7.11					L Change	Addition
NAME	,		5.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		D DECESTE	5.4 CIT	,	61 - ZIP			T 1 01	
TETLE . '		☐ DELITE	61111					Change	Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4.00	IY-S	ST-71P				

14. I do hereby 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 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.