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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060229 (8)

A.L.G. INVESTMENTS, INC.

FILED Apr 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				4   1861  1894   118   1814  1814  1814  1814  1814  1815  1815  1814  1814  1814  1814  1814  1814	
4471 NORTHWEST 36TH STREET 8758 S.W. 8TH STREET					
SUITE 212-A MIAMI FL 33174					DO NOT WRITE IN THIS SPACE
MIAMI SPRINGS FL 33166					3. Date incorporated or Qualified
					08/03/1995
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					65-0691238 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>.</b>		5. Certificate of Status Desired See Required Fee Required
City & State			City & State		6. Election Campaign Financing \$5.00 May Be
23		28	8		Trust Fund Contribution
Zip			Count	ry	8. This corporation owes or has paid the current year Intangible
24	25 29 30		30	-	Personal Property Tax due June 30. X Yes No
ad v					10. Name and Address of New Registered Agent
RODRIGUEZ, ALBA					MAKIELEYE MCGREGOR
73 SOUTH ROYAL PONCIANA BLVD. MIAMI SPRINGS FL 33166			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)
MIAMI SYMMOS PL 33100			8	3	321 17:3110 198
			8	4 000	85 Zip Code
				Mil	AMI SPRINOS FL   123/66
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation sut					rogration 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 accapent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Mariley Tropy.					LETTE TICGREGOR 3/10/98
12.	Signature, typed or printed name of registered agr OFFICERS AN		Registered A	igent signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TRLS	<u> </u>	Change Addition
NAME	= ',		1.2 NAM	E	
STREET ADDRESS	73 SOUTH ROAYL PONCIAN	A BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP				-ST-ZIP	
TITLE		<b>□</b> DELETE	2.1 TITLE		L Change L Addition
NAME			2.2 NAM	- 1	
STREET ADDRESS	~ <u> </u>			ET ADDRESS	
CITY-ST-ZIP			3.1 TITLE	r-ST-ZIP	Change Addition
NAME			3.2 NAM		<b>-</b> · · - ,
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			3.4. CITY	r-ST-ZIP	
TITLE		DELETE	4.1 TETL		Change Addition
NAME			4. 2 NAA	AE .	
STREET ADDRESS			4.3 STRE	EET ADDRESS	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	
TITLE		DELETE	5.1 TITL		Change Addition
NAME			5.2 NAM	ţ	
STREET ADDRESS			•	EET AODRESS	
CITY-ST-ZIP		DELETE		-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITL	1	☐ Change ☐ Audition
NAME			6.2 NAM	1	
STREET ADDRESS				EET ADORESS	
14. I hereby	certify that the information supplied w	with this filling does not qualify for		r-ST-ZIP   nption stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

6. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Frortida 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:

Marlene Trefregor

110/98 / 305-2836