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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P95000060229 (8)

1. Corporation Name
A.L.G. INVESTMENTS, INC.

[redacted]

Principal Place of Business	Mailing Address
4471 NORTHWEST 36TH STREET SUITE 212-A MIAMI SPRINGS FL 33166	8758 S.W. 8TH STREET MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21: 324 PAYNE DR
22: Suite, Apt. #, etc.
23: City & State: MIAMI SPRINGS FL
24: Zip: 33166 25: Country: DADE

2a. Mailing Address
26: 324 PAYNE DR
27: Suite, Apt. #, etc.:
28: City & State: MIAMI SPRINGS FL
29: Zip: 33166 30: Country: DADE

3. Date Incorporated or Qualified: 08/03/1995

4. FEI Number: 65-0691238 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARIELENE MC GREGOR
324 PAYNE DR
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name: MARIELENE MC GREGOR
82 Street Address (P.O. Box Number is Not Acceptable): 324 PAYNE DR
83:
84 City: MIAMI SPRINGS FL 85 Zip Code: 33166

Change 1998

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 _____ DATE ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RODRIGUEZ, ALBA 73 SOUTH ROAYL PONCIANA BLVD. MIAMI SPINGS FL 33166	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPS MARIELENE MC GREGOR 324 PAYNE DR MIAMI SPRINGS FL 33166	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DVP ALBA RODRIGUEZ 73 S. ROYAL PONCIANA BLVD MIAMI SPRINGS FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

14. I 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.

SIGNATURE: Marielene McGregor 4-20-99 / 305-885-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0241976