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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

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1. Corporation Name

AL'S MA	CHINE SHOP CORPORATIO)N				
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Principal Place of Business Mailing Address 1791 BLOUNT ROAD BAY 1010 1791 BLOUNT ROAD BAY 1010 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069		DO NOT WRITE IN THIS SPACE				
}				3. Date Incorporated or Qualifed	12 111 11110 01 1102	
				08/14/1995		
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	A	pplied For
21	•	26		65-0597903	<u>_</u>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	Additional
22			<u> </u>	5. Certificate of States Desired	Eee;F	equired ====
City & State	e	City & State		6. Election Campaign Financing	1 [May Be
23		28		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation owes the curr		
24		29 30	<u> </u>	Personal Property Tax.	Yes	□No
<u> </u>	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New F		
ROS	CH A&T SERVICES CORPORATION	ΩN	1 Karte	4 A & T SERVICES	CORPORA?	720
	NORTH STATE ROAD 7 #8	J. (82 Street Add	ress (P.O. Box Number is Not Accepta	7 SUITE.5	·
SUIT			83	10. STATE RO.	1, 30112.3	
	T LAUDERDALE FL 33069					
}			84 CHY FORT	I midendale		Code
			1000	CHOCKIC CON CL		30//
11. Pursuant	to the provisions of Sections 607-050	2 and 607.1308, Florida Statutes,	the above-named con	poration submits this statement for the	purpose of changing it	s registered
11. Pursuant office or re	to the provisions of Sections 607-050 egistered agent, or both, in the State m familiar with and accept the obligat	2 and 607.1308, Florida Statutes, of Florida, Such Change was authorion of Section 607.0505, Florida	the above-named corporation Statutes.	poration submits this statement for the ion's board of directors. I hereby accep	purpose of changing it of the appointment as r	s registered egistered
1	to the provisions of Sections 607-050 egistered agent or both, in the State m familiar with and accept the odigat	2 and 607.1368, Florida Statutes, of Florida. Buch Change was authorion of Section 607.0505, Florida	the above-named corporation is statutes.	poration submits this statement for the ion's board of directors. I hereby accep	purpose of changing it of the appointment as r	s registered egistered
11. Pursuant office or reagent. I as	Signature typed or printed name of registered agen	nt and title if applicable. (NOTE: Reg	the above-named con orized by the corporati a Statutes.	ed when reinstating)	DATE	
1	Signature typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: Reg	gistered Agent signature require		DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE	Signature typed or printed name of registered agen OFFICERS ANI	nt and title if applicable. (NOTE: Reg	gistered Agent signature requirements 13.	ed when reinstating)	DATE	ORS IN 12
SIGNATURE	Signature typed or printed rapps of registered agen OFFICERS ANI PT VELANDIA, ALFONSO E	nt and title if applicable. (NOTE: Reg	gistered Agent signature requir 13. 1.1 TITLE 12 NAME	ed when reinstating)	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE 12.	Signature typed or printed name of registered agen OFFICERS ANI PT VELANDIA, ALFONSO E 190 S.W. 76TH TERRACE	nt and title if applicable. (NOTE: Reg	gistered Agent signature requirements 13.	ed when reinstating)	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature typed or printed name of registered agen OFFICER'S ANI PT VELANDIA, ALFONSO E 190 S.W. 76TH TERRACE MARGATE FL 33068	nt and title l'applicable. (NOTE: Reg ID DIRECTORS	gistored Agent signature requir 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECT Change	ORS IN 12
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14. I hereby certify that the information supplied with this filling 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 an attachment with an address with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

THE WELL AND

SALDED THE PROPERTY

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

2-27-99 954 9774655

Change

Addition