


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

FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000063765 (8)			
1. Corporation Name ALPHA H. INC.			
Principal Place of Business 2845 AVENTURA BLVD. SUITE 114 AVENTURA FL 33180		Mailing Address 2845 AVENTURA BLVD. SUITE 114 AVENTURA FL 33180-3111	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 20801 BISCAYNE BLVD. SUITE 505 AVENTURA FL 33180		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		85. Zip Code	
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			
Signature type (to be placed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
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11.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY - ST - ZIP	
12.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP	
13.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP	
14.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY - ST - ZIP	
15.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY - ST - ZIP	
16.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY - ST - ZIP	
17.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY - ST - ZIP	
18.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY - ST - ZIP	
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37.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		37.1 TITLE 37.2 NAME 37.3 STREET ADDRESS 37.4 CITY - ST - ZIP	
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39.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		39.1 TITLE 39.2 NAME 39.3 STREET ADDRESS 39.4 CITY - ST - ZIP	
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41.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		41.1 TITLE 41.2 NAME 41.3 STREET ADDRESS 41.4 CITY - ST - ZIP	
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71.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		71.1 TITLE 71.2 NAME 71.3 STREET ADDRESS 71.4 CITY - ST - ZIP	
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3. Date Incorporated or Qualified 08/10/1995	3a. Date of Last Report 04/30/1996
4. FEI Number 65-0626967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	

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, 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, on an attachment with an address.

SIGNATURE:  4/7/97 ✓ (305) 9336033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #