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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085002

1. Corporation Name ALERT ADVISORS, INC.

Principal Place of Business Mailing Address 1101 BRICKELL AVE 1101 BRICKELL AVE 601 SOUTH TOWER 601 SOUTH TWOER DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualifed 11/02/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 26 65-0622776 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country This corporation owes the current year Intangible □No 25 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PELLAND, D 82 Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVE **601 SOUTH TOWER** 83 **MIAMI FL 33131** Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0508 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** INOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Addition DELETE 1.1 TITLE Change TILE INTRIAGO, CHARLES 12 NAME NAME 1895 ESPANOLA DR 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33133 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition [] Change □ DELETE 2.1 TITLE TITLE INTRIAGO, JOY MEASON 22 NAME NAME 1895 ESPANOLA DR 2.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ DELETE TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE [] Change ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE

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 attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

OR DIRECTOR

(11/98)CR2E034