

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000088837 (6)**

1. Corporation Name

**ALINA ALFONSO BAIL BONDS, INC.**



Principal Place of Business

1801 N.W. 7 STREET #3  
MIAMI FL 33125

Mailing Address

1801 N.W. 7 STREET #3  
MIAMI FL 33125

3. Date Incorporated or Qualified  
**11/20/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1801 NW 7 St # 3**

26 **1801 NW 7 St # 3**

4. FEI Number  
**65-0619837**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**# 3**

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 City & State  
**Miami FLA**

28 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip  
**33125**

25 Country  
**Dade**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALFONSO, ALINA  
1801 N.W. 7 STREET #3  
MIAMI FL 33125**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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 of officer or director of registered agent and the corporation.

Signature of Registered Agent (Signature required when registering).

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>A</b>	<input type="checkbox"/> DELETE
NAME	<b>ALFONSO, ALINA</b>	
STREET ADDRESS	<b>1801 N.W. 7 STREET #3</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALFONSO, RAMON</b>	
STREET ADDRESS	<b>1801 N.W. 7 STREET #3</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>000001870970</b>
5.3 STREET ADDRESS	<b>-06/21/96--01032--027</b>
5.4 CITY-ST-ZIP	<b>***225.00</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alina Alfonso*

05/28/96

DATE

305-644-1888

DATE OF PHONE #

CR2E034 (12/95)

*6-20-96*