

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 # P95000095852 (6)

1. Corporation Name

ST. ANTHONY A.L.F. CORP.

Principal Place of Business

Mailing Address

201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134

201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134



2. Principal Place of Business
21 662 WEST 50 STREET
22 Suite, Apt. #, etc.
23 Hialeah, FL 33012
24 City & State
25 Zip
26 Country

2a. Mailing Address
26 c/o Senet, Lickstein
27 201 Alhambra Circle
28 Suite, Apt. #, etc.
29 Suite 1200
30 City & State
31 Coral Gables, FL
32 Zip
33 33134
34 Country
35 U.S.A.

3. Date Incorporated or Qualified

12/18/1995

3a. Date of Last Report

4. FEI Number

65-0633661

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LICKSTEIN, FRED K
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. 1. TITLE
NAME: President/Sec. /Director
STREET ADDRESS: Cesar Mena
CITY-ST-ZIP: 662 W 50 ST Hialeah FL 33012
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #

2/27/96 (305)

CR2E034 (12/95)