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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	# P9600001	233 (1)

ALSI, INC.

Principal Place of Business 4248 SW 74 AVENUE MIAMI FL 33155

SIGNATURE:

Mailing Address

4248 SW 74 AVENUE MIAMI FL 33155-4405

FILED Apr 30 1997 8:00am Secretary of State



3a. Date of Last Report

0210248

3. Date Incorporated or Qualified

Suito, Api e init. Suito, Api e init. Suito, A								U1/U5/1896	Į				
Suito, April e de 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2. Principal P	race of Business	2a.	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	QA	plied For		
S. Certificate of Shalus Desired	21	26				}		EIN 65-0640628		No	t Applicable		
City & State	Suite Apt. #, etc.			Suite, Apt. #, etc.			E Continues of Status Dealers	¢0.7€					
28	22		27					b, Certificate of Status Desired	<u> </u>	Fee Re	quired		
Zip Country Zip Country Rightered Agent	City & Stat	e		City & State				6. Election Campaign Financing		\$5.00	May Be		
20 20 20 30 30 Florida Statutes Per No. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Name and Address of Name and Address of Name and Address of Name and Address of Name and Name and Address of Name and Address of Name and Address of Name and Name and Name and Name and Name	23		28	B				Trust Fund Contribution					
PAMIREZ, FRED ESQ 10041 PINES BOULEVARD ≠C PEMBROKE PINES FL 33024 82 83 84 City FL 85 Zip Codin 11. Fursional 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 of directors. I hereby accept the purpose of changing is registered office or registered of registered of directors. I hereby accept the purpose of changing is registered office or registered of directors. I hereby accept the purpose of changing is registered office. SIGNALUFI 12. OUTFICERS AND DIRECTORS 13. INTERPLACED OFFICERS AND DIRECTORS IN 12 12. AUAS 23. STREET ADDRESS 24. OUTFISH DIRECTORS IN 12 23. STREET ADDRESS 24. OUTFISH DIRECTORS IN 12 24. OUTFISH DIRECTORS IN 12 25. TREET ADDRESS 26. OUTFISH DIRECTORS IN 12 27. AUAS 28. AUAS 29. TREET ADDRESS 20.		Country		Zip	Countr	ry					. 199.032,		
RAMIREZ, FRED ESQ 10041 PINES BOULEVARD of C PEMBROKE PINES FL 33024 88 Sreet Address (P.O. Box Number is Not Acceptable) 89 City FL 85 Zip Code 11. Fursivarit 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 agent, and both, in the State of Florida. Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, and the registered agent ag	24				30								
The purpose of the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both; in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both; in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered organ of a common or section of Section 607,0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered organ or the corporation submits this statement for the purpose of changing its registered organ or the corporation submits this statement for the purpose of changing its registered organ or the corporation submits this statement for the purpose of changing its registered organ organ or the corporation submits this statement for the purpose of changing its registered organ orga			Regist	tered Agent				10. Name and Address of New Reg	istered A	.gent			
PEMBROKE PINES FL 33024 B3					8	1 1	Name						
PEMBROKE PINES FL 33024 B3					8	82 Street Address (P.O. Box Number is Not Acceptable)							
11. Fursion to the provisions of Sociens 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and active to the provisions of Sociens 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent all maintains with, and accept the obligations of, Socien 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TITLE 15. THE TADDRESS 24.01Y-ST-2P 15. TITLE 15.	PEN	ABROKE PINES FL 33024			L								
11. Fursional to the provisions of Sections 602.0502 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 Subulistics, the above-named corporation's board of directors. I hereby accept the appointment as registered orgent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 32, 309, Injurity productions of coptimed agent with the appointment of the purpose of changing its registered orgent and registered agent and the registered agent					8	83							
11. Fursional 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 Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered orgent. I am familiar with, and accept the obligation of Section 607.0505, Florida Statutes. SIGNATURE 32, 309, Ignature productions of cyclined agent and the appointment as registered organized productions. In the state of Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IT IN						00 00							
colling or registered agent, or both, in the State of Fiorida, 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 607.050-5, Florida Statutes. Signature Section					100	City FL 85 Zip Code							
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD	11. Pursuant	to the provisions of Sections 607.0502	and 60	07.1608, Florida Statute	es, the abo	ve-r	named corpo	ration submits this statement for the p	rpose of	changing it	s registered		
SIGNATURE	office or t	registered agent, or both, in the State of	of Floric	ta. Such change was a Section 607,0505, Fig	uthorized b	by ti	he corporatio	n's board of directors. I hereby accep	t the appo	intment as	registered		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE PSTD		and accept the obligat	(O) 13 (O)	, 0000011 007 .0000, 110	AIGG OIGIGI	.		•					
TITLE BIGH, SLVA BIGH, SLVA BIGH, SLVA BIGH, SLVA BIGH, SLVA BOYO HAMMOCK LAKE DRIVE MIAMI FL 33158 TITLE DELETE 21 TITLE 1 Change Addition Additi	SIGNATURE	Signature, typid or printed rising of registered agent	and title	d'applicable. (NOT)	Registered A	pent	signature required	d when reinstating)	DATE				
BIGHI, SILVIA 9070 HAMMOCK LAKE DRIVE 13 STREET ADDRESS CITY-ST-ZIP MAMI FL 33156 DELETE 21 TITLE 12 TITLE 12 TITLE 13 STREET ADDRESS CITY-ST-ZIP Addition AMM STREET ADDRESS CITY-ST-ZIP 14 CITY-ST-ZIP 15 CITY-ST-ZIP 16 CITY-ST-ZIP 17 CITY-ST-ZIP 18 CITY-ST-Z	12.	OFFICERS AND	DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOF	RS IN 12		
STREET ADDRESS STRE	TITLE	PSTD		□ DELETE	1.5 TIFLE					Change	Addition		
City St 2 MAMI FL 33156	NAME				1.2 NAME	E	}						
MAMI FL 33156	STREET ADDRESS	9070 HAMMOCK LAKE DRIVE			1.3 STREE	ET AC	DDAESS						
DELETE 21 TITLE Change Addition		MIAMI FL 33156			1.4 CiTY	-ST-	ZIP						
STREET ADDRESS CHY-ST-ZIP TITLE DELETE 31 TITLE 32 NAME 32 NAME STREET ADDRESS CHY-ST-ZIP TITLE DELETE 31 TITLE Change Addition AME 32 NAME STREET ADDRESS CHY-ST-ZIP TITLE ADDRESS CHY-ST-ZIP TITLE DELETE 41 TITLE Change Addition AME 42 NAME 43 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 51 TITLE Change Addition AME 52 NAME 53 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 51 TITLE Change Addition AME 53 STREET ADDRESS CHY-ST-ZIP TITLE Change Addition AME 54 CHY-ST-ZIP TITLE Change Addition AME 55 STREET ADDRESS CHY-ST-ZIP TITLE Change Addition AME 56 STREET ADDRESS CHY-ST-ZIP TITLE Change Addition AME 57 STREET ADDRESS CHY-ST-ZIP TITLE CHANGE 68 STREET ADDRESS CHY-ST-ZIP TITLE AME 58 STREET ADDRESS CHY-ST-ZIP TITLE CHANGE 68 STREET ADDRESS CHY-ST-ZIP TITLE CHANGE Addition Addition AME 58 STREET ADDRESS CHY-ST-ZIP TITLE CHANGE Addition Addition AME 58 STREET ADDRESS CHY-ST-ZIP TITLE CHANGE ADDRE	DILE			DELETE						Change	Addition		
CITY: ST ZEP TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY: ST: ZEP Addition NAME ADDRESS CITY: ST: ZEP ADDRESS CITY: ST	NAME				2.2 NAME	Ε	ľ						
CHY-ST-ZIP DELETE DELETE 3.1 TITLE Change Addition	STREET ADDRESS				2.3 STREE	ET AC	ODAESS						
TILE DELETE 3.1 TILE Change Addition					2 4 CITY	-ST-	ZIP						
STREEL ADDRESS CITY-S1-72P THEP DELETE 4.1 TITLE A.2 NAME STREEL ADDRESS CITY-S1-73P A.4 CITY-S1-73P THE DELETE 5.1 TITLE Change Addition Addition NAME SERVEL ADDRESS CITY-S1-73P THE 5.1 TITLE Change Addition Addition NAME SERVEL ADDRESS CITY-S1-73P THE 5.1 TITLE Change Addition Addition NAME SERVEL ADDRESS CITY-S1-73P THE 5.1 TITLE Change Addition Addition SERVEL ADDRESS CITY-S1-73P THE 6.1 TITLE Change Addition Addition NAME SERVEL ADDRESS CITY-S1-73P THE 6.3 SERVEL ADDRESS CITY-S1-73P THE 6.3 SERVEL ADDRESS CITY-S1-74P THE CANAME SERVEL ADDRESS CITY-S1-74	THEF			DELETE						Change	Addition		
STREET ADDRESS CITY-ST-ZP THEF CHANGE STREET ADDRESS CITY-ST-ZP THEF C					3.2 NAME	E	1						
City-St-ZiP DELETE 4.1TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZiP THE DELETE 5.1TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZiP THE DELETE 5.1TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZiP THE STREET ADDRESS CITY-ST-ZiP THE STREET ADDRESS CITY-ST-ZiP THE DELETE S.1TITLE Change Addition STREET ADDRESS CITY-ST-ZiP THE STREET ADDRESS CITY-ST-ZiP THE STREET ADDRESS CITY-ST-ZiP 1.1 Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that							DDAESS						
DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS							ŀ						
NAME STREET ADDRESS CITY-S1-7IP 10TE DELETE 5.1 TITLE Change Addition STREET ADDRESS CITY-S1-7IP 1.1 Change Addition STREET ADDRESS CITY-S1-7IP 1.1 Change Addition STREET ADDRESS CITY-S1-7IP Change Addition STREET ADDRESS CITY-S1-7IP 1.1 Change Addition STREET ADDRESS CITY-S1-7IP 1.1 Change Addition STREET ADDRESS CITY-S1-7IP 1.1 I do 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 path; that	Tille	<u> </u>		DELETE						Change	Addition		
STREET ADDRESS CITY-ST-7IP THE ACRITY-ST-7IP DELETE 5.1 TIFLE 5.1 TIFLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-7IP THE DELETE 6.1 TIFLE 6.1 TIFLE Change Addition Addition Change Addition Addit		}			1		1			_ •			
CHY-SI-7/P CHY-SI-7/P A4 CHY-SI-7/P THE							DORESS						
THE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY - ST - ZIP THE DELETE 5.1 TITLE STREET ADDRESS CITY - ST - ZIP THE DELETE 6.1 TITLE Change Addition Addition Change Addition Addition Addition Addition 6.2 NAME 6.3 STREET ADDRESS CITY - ST - ZIP 14. I do 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 path; that							1						
STREET ADDRESS CITY - ST - ZIP TITLE DELETE STREET ADDRESS CITY - ST - ZIP Change Addition 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS CITY - ST - ZIP 1.1 I do 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 path; that			····	DELETE			<u> </u>			Change	Addition		
STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP Change Addition Addit		1					.						
CITY-SI-ZIP 5.4 CITY-SI-ZIP 1TITLE DELETE 6.1 TITLE Change Addition							DOBESS						
TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-SI-78 6.4 CITY-SI-78 6.4 CITY-SI-78 6.4 CITY-SI-78 1.1 do 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					•		- 1						
NAME STREET ADDRESS CITY-ST-ZP 14. I do 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				DELETE			11r			Channe	Addition		
STREET ADDRESS CITY-ST-ZE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do 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				P DEFEIT	- 1		}			Olimido Chin	radicon		
CITY-ST-ZIP 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					1	_	nonred						
14. I do 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		Í			1		1						
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		the cartify that the information recolled	with th	ie filing does not qualit				in Section 119.07(3VI). Florida Statuta	I further	cortify that	the		
	informatic	on indicated on this annual report or su	ipplem	ental annual report is t	rue and acc	CUTE	ate and that r	my signature shall have the same lega	effect as	if made un	ider 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.						ecui	te this report	as required by Chapter 607, Florida S	tatutes; ar	id that my r	ıame		