					en e	
	P <u>LEASE READ</u>	ALL INSTRU	CTIONS BEFORE	COMPLE	TING THIS FORM.	
API	PLICATION A	FLORIDA DE	PARTMENT OF STATE	_		
	FOR		dra B. Mortham		FILED	
REIN	ISTATEMENT	7	retary of State N of Corporations		· • • • • • • • • • • • • • • • • • • •	
	- · · · · - · · · · · · · · · · · · · ·	0003763	1	99 OCT 28 PM 3: 19		
1. Corpora	ation Name AL'S SUNDRIES, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
O/1 11 2 .	LO GUITUI III			حييكا	TALLAMASSEE, FLORIDA	
Deineinal P	Place of Business	Mailing Address	- 23271	135		
2451 BRICKE MIAMI FL 33	el l avenue. apt. 4- u 1929	2451 BRICKELL AVENI MIAMI FL SS129	.DE: AP1. 4U			
2002	e was a cou	~SAM6		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STATEMENT 92.95	ā
	addresses are incorrect in any way, line th					r
200 50	incipal Office Address, If Applicable	200 500	Co Address, If Applicable SCAYNE	Date Incor To Do Bu	orporated or Qualified usiness in Florida 01/08/1996	7
Suite, Apt	#. etc.	Suite, Apt. #, etc.		5. FEI Nump	• •	-
City & State	e .	City & State	Gla	1_6	per 5 - 0639820 Applied For Noi Applied For	<u>.</u>
Zib Zib	Country	Zip 23131	Country	-	ATE OF STATUS DESIRED T \$8.75 Additional Fee require for a Certificate of Status	
	and Street Addresses of Each Officer and			aast 3 directors)		-
Title(s)	Name of Officers and/or Directors		Street Address of Esc Officer and/or Directo	or	City / State / Zip	7
PD	CARRAL, ANTONIO L	2451	(Do NOT Use Post Office Box		4 -MAM FL 80120	'
		zat	Syd SWAE WED!	KO.	4,am. 5133129	_
STD	CARRAL, PATRICIA	2451	SNOKEL ANDME, AFT. E		MIAMI FL 96129	7
	ļ		SW 3 AVE BY	390	PSIEE aldinain	-
		1				
					000030389308 -11/03/9901010014	3
					***1050.00 ***1050.00	4
-	ł					1
	: .		· · · · · · · · · · · · · · · · · · ·			1
/-	8. Name and Address of Current	I Registered Agent	Jos Ellem Rice		nd Address of New Registered Agent	- E
FEHNAU 2311 S.	NDEZ, CRISTINA P .W., RSTH COURT		Street Address ((P.O. Box Numbe	per is Not Acceptable)	040 (8/97)
MIAMLE	PL 33165		340 S Suite, Apt. #, Etc	<u>aurila</u>	Dienie	CRZEO40
/	\wedge	\land	City		State Zip Code	_
- 1 5-100	1 dibani		CORM	6ables	FL 33134	
Signature o		-1/	am familiar with and accept the c	ibligations or osc	1-11-100	
Flegistered	I Agent CLL 0	REGISTERED AGENT M			Date 10/4/45	
11. Th	nis corporation owes or h tangible Per sona t Proper	as paid the cu rty tax due Jur	ırrent year ne 30. Yes 🗌] No []	(See other side for information on intangible tax.)	
this rein	nstatement application, the reason for diss	solution has been elimina e names of Individuals list	ated, the corporate name satisfies sted on this form do not qualify for	s the requirement or an exemption u	chapter 607 or 617, F.S. I further certify that when filing nts of section 607.0401 or 617.0401, F.S., that all fees under section 119.07(3)(l), F.S. The information indicated	
SIGNAT	(A-			١	10/4/99 305-373-5994	/]