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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 10 1997 8:00am

Secretary of State

Daytime Prione #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000014091 (8)

ALPI (USA) CORP.

Principal Piace of Business Mailing Address 1451 W. CYPRESS CREEK ROAD 1451 W. CYPRESS CREEK ROAD SUITE 300 SUITE 300 FT. LAUDERDALE FL 33309-1999 FT. LAUDERDALE FL 33309 3. Date Incorporated or Qualified Sa. Date of Last Report 02/14/1996 4. fEl Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Ζŧρ Country B. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GARELLEK, STEVEN 81 Name 7000 WEST PALMETTO PARK RD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 400 83 **BOCA RATON FL 33433** 64 Zip Code City 85 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 import or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE Addition Change THUE 1.1 TITLE NAME 1.2 NAME CR2E034 W. GORGES CEARL BOAD # XV 1.3 STREET ADDRESS STREET ADDRESS FT. LANGERS OLE FUSTSON 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3 1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF 34. CITY-ST-ZIP DELETE Addition 41 TITLE THEF 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS COLY - \$1 - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition THILE 5 1 TITLE 5.2 NAME NAMÉ STREET ACCORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-51-70 Addition TITLE DELETE 6.1 TITLE Change NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. It 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 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.