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

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Sep 02 1998 8:00am
Secretary of State

DOCUMENT # P96000014207 (0)

1. Corporation Name

ALPHA GROUP SERVICES, INC.

Principal Place of Business	Mailing Address
8235 LAKE DRIVE D-405 MIAMI FL 33166	8235 LAKE DRIVE D-405 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 8450 N.W. 68 St	26 8450 N.W. 68 St.	65-0670363	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22 #1	27 #1		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23 Miami, FL	28 Miami, FL.		

Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No
24 33166	25 USA	29 33166	30 USA	

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
LARRAVE, JOSE 8235 LAKE DRIVE D-405 MIAMI FL 33166	81 Name CARLOS PEREZ 82 Street Address (P.O. Box Number is Not Acceptable) 8450 N.W. 68 Street 83 #1 84 City MIAMI FL 85 Zip Code 33166

11. Pursuant to the provisions of Section 607.0902 and 617.1508, 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 _Carlos A. Perez_   _Carlos Perez_   _8/25/98_
Signature of printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LARRAVE, JOSE		1.2 NAME	
STREET ADDRESS	8235 LAKE DRIVE #D-405		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE VP	☐ Change ☑ Addition
NAME			2.2 NAME CARLOS RAFAEL PEREZ	
STREET ADDRESS			2.3 STREET ADDRESS 8450 NW 68 ST. #1	
CITY-ST-ZIP			2.4 CITY-ST-ZIP MIAMI, FL. 33166	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE _Carlos Perez_ _8/25/98_ *75-0044*

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CR2E034 (10/97)