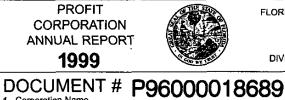
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90021 037 ***150.00

AL-ZUR, INC.	
	I ITONIONI NO LEHIA DINI DANI DANI BANI BANI BANI BANI MANI BANI BANI BANI BANI BANI BANI BANI B
•	

Principal Place	e of Business	Mailing	Address				f 1001/061 (10 101/0 Still SDIS) 08()) 48()) 48()		¥11 4 1 1 4		
1235 W 31 STR	REET	1235 W	31 STREET								
HIALEAH FL 33	012	HIALEAH	I FL 33012				50 NOT WRITE IN THE	00405			
							DO NOT WRITE IN THIS	SPACE			1
							3. Date Incorporated or Qualifed 02/29/1996				
2. Principal Pi	lace of Business	2a. Mail	ing Address				4. FEI Number		Appl	ied For	
21	<u> </u>	26		_		•	NOT APPLICABLE			Applicable	
Suite, Apt.	ot. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional			
22		27							e Req		
City & State	e		& State	-		عامر سا	6. Election Campaign Financing			tay.Be	تد
23		[28]					Trust Fund Contribution		led to	Fees	1
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current year Inte	angible □Yes	k	1 No	
24	25	29		30	Ι		Personal Property Tax. 10. Name and Address of New Registered			TIMO	ł
	9. Name and Address of Currer	it Registered	Agent		81	Name	(U. Name and Address of New Registered	-yent			1
MEL	O, ALFREDO					Name	<u> </u>	']
ſ	W 31 STREET				82	Street Add	dress (P.O. Box Number is Not Acceptable)				
	EAH FL 33012				83						ł
					63		•				1
	•				84	City	FL	85	Zip Co	ode	1
<u> </u>								1	ito so	aniatara d	-
office or reagent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Su tions of, Sect	ich change was ion 607.0505, Fl	authorized lorida Stat	by utes	the corporal	rporation submits this statement for the purpose of tion's board of directors. Thereby accept the appoint	ıtment a	s regi	stered	
SIGNATURE	Signature, typed or printed name of registered age	-t and title if applie	oble (NOT)	rE: Basietora	Azen	t eleneture recui	ired when reinstating) DATE				١.
12.	OFFICERS AN			13.	Agon	it algitatore requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12	
TITLE	D		DELETE	1.1 TI	TLE	-		Char		☐ Addition	1
NAME	MELO, ALFREDO			1.2 N							
STREET ADDRESS	1235 W 31 STREET	•				ADDRESS					}
CITY-ST-ZIP	HIALEAH FL 33012				TY-S						}
TITLE	D	_	DELETE	2.1 TI				☐ Char	nge	☐ Addition	
NAME	MELO, ZURAMA B		_	2.2 N							
STREET ADDRESS	1235 W 31 STREET					ADDRESS					
	HIALEAH FL 33012				ITY-\$						
CITY-ST-ZIP	THE MAN THE PARTY OF THE		DELETE	3.1 11		. 411		☐ Char	nge	Addition	1
NAME				3.2 N		ļ	•				1
STREET ADDRESS			-			ADDRESS	المستريد يراسي	-			
CITY-ST-ZIP	2					T-ZIP					İ
TITLE	-		DELETE	4.1 TI		.,- <u></u>		☐ Char	nge	Addition	1
NAME				4.2N				-			
STREET ADDRESS						ADORESS	•				
CITY-ST-ZIP					TY-S						
TITLE			☐ DELETE	5.1 TI	_	. =		Char	nge	☐ Addition	1
NAME				5.2 N/							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	,			- 1	TY-S	- I					1
TITLE	·		. DELETE	6.1 71				☐ Char	nge	☐ Addition	
NAME				6.2 N/	AME						
STREET ADORESS	•			6.3 ST	REET	ADDRESS					

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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Y-26-99 305-822-1884