

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90085 047 ***150.00

DOCUMENT # P96000021954

1. Corporation Name
ALLU & ASSOCIATES, INC.

Principal Place of Business
1800 N ANDREWS AVE #7J
FT LAUDERDALE FL 33311

Mailing Address
1800 N ANDREWS AVE #7J
FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1996

4. FEI Number

65-0647804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00-May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5482 Lakewood Cir Apt F

Suite, Apt. #, etc.

22 Margate, FL

City & State

23 33063

Zip

Country

24

2a. Mailing Address

26 5482 Lakewood Cir Apt F

Suite, Apt. #, etc.

27 Margate, Florida

City & State

28 33063

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SIVERIO, E
7179 PEMBROKE ROAD
PEMBROKE PINES FL 33023

10. Name and Address of New Registered Agent

81 Name

ALVARO R. Bedoya

82 Street Address (P.O. Box Number is Not Acceptable)

610 N.E. 11th AVENUE

83

84 City

POMPANO BEACH

FL

85 Zip Code

33060

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE

NAME SILDARRIAGA, LUIS C

STREET ADDRESS 1800 N ANDREWS AVE #7J

CITY-ST-ZIP FT LAUDERDALE FL

TITLE PD ☐ DELETE

NAME BEDOYA, ALVARO R

STREET ADDRESS 610 NE 11TH AVE

CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/28/99 (954) 970-7370

0159129

CR2E034 (11/98)