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

Mailing Address

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 15 1997 8:00am

Secretary of State

(205) 2631314

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000022570 (1)

ALUMAR GROUP, INC.

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

7209 CORAL V MIAMI FL 3315		7209 CORAL WAY MIAMI FL 33155-1401							
						3. Date Incorporated or Qualified 03/12/1996	3a. Dat	e of Last F	Report
	Place of Business	2a. Mailing Address				4, FEI Number		TITA	pplied For
21 330 A	RACQUET CLUB RD.	26 330 RACOURT 1	CLUI	3 8	۵ ۲	65-0657495		- <del></del>	ot Applicable
Suite, Apt.	#, etc. 102	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional lequired
City & Stat 23 FT. LA		City & State 7 28 FT. LRUDERBAL	.E -	Fto	RIAA	Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country 5-1123 25 U.S.A.	<sup>Zip</sup> 33326-112330	Country	 .S.	A .	8. This corporation has liability for i	ntangible t	ax under s	
	9. Name and Address of Curren	t Registered Agent	· - 1			10. Name and Address of New Re			
SILV	/A, RICARDO E		81	Nan	10	,		1	
481	0 N.W. 7TH ST. MI FL 33126		82	Stre	el Addres	ss (P.O. Box Number is Not Acceptab	le)		
: MA	MI FL 33120		83						
			84	City			FL	<b>85</b> Zip	Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of ingistered age.					ration submits this statement for the p in's board of directors. I hereby accep I when reinstaing)	ot the appo	intment as	registered
12.	OFFICERS AND		13,	er: signa	ure required	ADDITIONS/CHANGES TO OFFIC		DIRECTO	DC INI 10
TITLE	D		.1 TITLE			ADDITIONS/GHANGES TO OF THE		Change	Addition
NAME	SILVA, RICARDO E	<del>-</del>	.2 NAME		İ		L	Criange	E) Addition
STREET ADDRESS	7209 CORAL WAY		.3 STRF[]	ADDDEC	e l				
CITY-ST-ZIP	MIAMI FL 33155		A CHY-S		3				
TITLE	D		A TITLE					Change	Addition
NAME	SILVA, MARIELA	<u>-                                    </u>	2 NAME				-		
STREET ADDRESS	7209 CORAL WAY		3 STREET	ADDRES	۱ و				
CITY-ST-ZIP	MIAMI FL 33155		4 CITY-		1				
TITLE	D		1 TITLE					Change	Addition
NAME	ALONSO, ANTONIO J	3	2 NAME						
STREET ADDRESS	7209 CORAL WAY	3	3 STREET	ADDRES	s				
CITY-ST-ZIP	MIAMI FL 33155	3	4. DITY-:	S1 - 71P					
THTLE		DELETE 4	1 TITLE				I	Change	Addition
NAME		4	. 2 NAME						
STREET ADDRESS		4	.3 STREET	ADDRES	s				
CITY-ST-ZIP			.4 C/TY - S	T - 7IP					
TATLE		☐ DELETE 5	d THLE					Change	Addition
NAME		5	.2 NAME						
STREET ADDRESS		5	.3 STREET	ADDRES	S				
CITY-ST-ZIP			4 CITY - S	T-ZIP					
TITLE		☐ DELETE 6	.1 TITLE				[	Change	Addition
NAME		6	.2 NAM(		-	•			
STREET ADDRESS		,	3 STREET	ADDRES	s l				

6.4 C(1) Y - \$1 - Z(P 14. I 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 finnul report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the disposation 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 I changed, or on an attachment with an address.

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