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Mar 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000050804 (9)**

1. Corporation Name  
**ALNI, INC.**



Principal Place of Business <b>814 PONCE DE LEON BLVD.</b> <b>SUITE 505</b> <b>CORAL GABLES FL 33134</b>	Mailing Address <b>814 PONCE DE LEON BLVD.</b> <b>SUITE 505</b> <b>CORAL GABLES FL 33134 3036</b>
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2. Principal Place of Business 21 <b>6175 N.W. 167 Street</b> State, Apt. #, etc. 22 <b>G-12</b> City & State 23 <b>Miami, Florida</b> Zip 24 <b>33015</b>	2a. Mailing Address 26 <b>c/o Ernesto Sanchez, P.A.</b> Suite, Apt. #, etc. 27 <b>814 Ponce de Leon Blvd, 505</b> City & State 28 <b>Coral Gables, Florida</b> Zip 29 <b>33134</b>	Country 25 <b>USA</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>03/13/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0695590</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SANCHEZ, ERNESTO**  
**814 PONCE DE LEON BLVD.**  
**SUITE 505**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VD-S</b>	<input type="checkbox"/> DELETE
NAME	<b>SPIELBERGER, NICOLAS (ASST)</b>	
STREET ADDRESS	<b>150 N. PALMETTO PARK RD.</b>	
CITY- ST- ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VD-S</b>	<input type="checkbox"/> DELETE
NAME	<b>SZEGO, ALEXANDER (ASST)</b>	
STREET ADDRESS	<b>150 N. PALMETTO PARK RD.</b>	
CITY- ST- ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>PS</b>	<input type="checkbox"/> DELETE
NAME	<b>VAINSTEIN, SIMON</b>	
STREET ADDRESS	<b>150 N. PALMETTO PARK RD.</b>	
CITY- ST- ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>153 E. Palmetto Park Rd.</b>
1.4 CITY- ST- ZIP	<b>Boca Raton, FL. 33432</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>153 E. Palmetto Park Rd.</b>
2.4 CITY- ST- ZIP	<b>Boca Raton, FL. 33432</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>6175 N.W. 167th St., G-12</b>
3.4 CITY- ST- ZIP	<b>Miami, FL. 33015</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/97**

Date

**(305) 557-0950**

Daytime Phone #

0184508

CR2E034 (9/96)