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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # P96
1. Corporation Name

P96000072437 (2)

FILED May 04 1998 8:00am Secretary of State

ALPI INTERNATIONAL SERVICES, CORP.															
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Pr	incipal Pla	ce of Busines	ss		Mailing Address						- 100778884 118 18/18 61/18 88/18 88/18 88			HIM HELL HELL	
۱ و	506 SW 23	RD ST			6506 SW 23RD ST										
MIAMI FL 33155 MIAMI FL 33155															
İ											DO NOT WRITE	IN THIS S	PACE		
											3. Date Incorporated or Qualified				
2. Principal Place of Business					2a. Mailing Address						08/30/1996 4. FEI Number		- 1 1.		4
21					26						65-0690066		─	pplied For	\exists
	Suite, Apt. #, etc.				Suite, Apt. #, etc.								lot Applicable Additional	4	
22	2]				27					5. Certificate of Status Desired			leguired	1	
	City & State				City & State						6. Election Campaign Financing			May Be	┪
23				,	28						Trust Fund Contribution			to Fees	1
Щ	Zip		Country		Zip			ountry			8. This corporation owes or has pai	d the curr	ent year Ir	ntangible	7
24		A A 1	25		29		30	_			Personal Property Tax due June			□ No	╛
9, Name and Address of Current Registered Agent									Name		10. Name and Address of New Re	jistered A	gent		4
		ENA, PILAR						81	Name	,					
6516 S W 23RD ST								82	Street	Addres	ss (P.O. Box Number is Not Acceptab	ie)			1
	Mi	IAMI FL 331	155					83		·					4
	6 .							53							1
								84	City			FL	85 Zip	Code	1
11	Pursuant	to the provis	sions of Section	ns 607 0502 a	nd 607-150	8 Florida Statu	tes the	above	.namor	d coroor	ration submits this statement for the n	FL wooso of	changing	ita sociatorod	4
	office or	registered ag	gent, or both, i	the State of	torida Su	ch change was ion 607.0505, FI	authoriz	ed by	the cor	poration	ration submits this statement for the pin's board of directors. I hereby accep	the appo	pintment as	registered	
	ayon. I	anı ı a nına w	nor, and accep	r ine obligatio	ns or, Sect	ion 607.05 0 5, F1	orida St	atutes	ì.						
SI	SNATURE	Signature, types	d or printed name of	togisfered agent ar	d the d'applic	able (NOI	If Register	ed Age	ot signatur	ber uper o	when reinstating)	DATE			۱.
12				ICERS AND D			13				ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	- £
TAL	.E	PD				DELETE	1.1	TITLE					Change	Addition	19
NAI	AE	PENA, I					12	NAME							
STA	EET ADDRESS		W 23RD ST				1.3	STAFET	ADDRESS	ĺ					È
	/-ST-ZIP	MLAMI	FL 33155				1.4	CITY-S	I - ZIP						_ S
TITL						DELETE		TITLE				ļ	Change	Addition	١
NAME							2.2	NAME							
	EET ADDRESS								ADDRESS						
	(-ST-ZIP	-				Douere		CITY - S	T-ZIP	├					4
TITL						☐ DELETE		TITLE					Change	☐ Addition	1
	EET ADDRESS							NAME	ADDOFOC						
	-ST-ZIP								ADDRESS	1					
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NAM								NAME						La Adomosi	
	EET ADDRESS								ADDRESS						
	-ST-ZIP	[DITY-ST							ŀ
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NAM	IE						5.21	IAME				_	·		
STR	EET ADDRESS								ADDRESS						
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STR	EET ADDRESS						6.3 9	TAEET	ADDRESS						
_	-ST-ZIP	L						ity-st		<u></u>					
74	I DATADV (cerum that th	e intormation s	unnhod with li	ne tilina da	soe not zu alifu fa	or tha av	amat	ion etate	ad in Ca	ection 119 07/3)(i) Florida Statutes, Life		14 . Ata - 4 . bls -		1

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 supplienced 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 opporation or the receiver or fusied 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.

CICMATURE.

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4/20/08-