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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000073430 (6)

1. Corporation Name  
ALPHA PRODUCTS CORP.

Principal Place of Business

10201 HAMMOCKS BLVD.  
SUITE 153-220  
MIAMI FL 33196

Mailing Address

10201 HAMMOCKS BLVD.  
SUITE 153-220  
MIAMI FL 33196-4712

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 10201 HAMMOCKS BLVD

2a. Mailing Address

26 P.O. BOX 161875

Suite, Apt. #, etc.

22 153-220

Suite, Apt. #, etc.

27

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33196

Country

Zip

29 33196

Country

30

9. Name and Address of Current Registered Agent

GILBERT, CHARLES  
10201 HAMMOCKS BLVD.  
SUITE 153-220  
MIAMI FL 33196

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 Charles Gilbert CHARLES GILBERT 4/15/97

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 PRESIDENT  
NAME CHARLES GILBERT  
STREET ADDRESS 10201 HAMMOCKS BLVD.  
CITY-ST-ZIP SUITE 153-220, MIAMI, FL 33196

TITLE  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME CHARLES GILBERT  
1.3 STREET ADDRESS 10201 HAMMOCKS BLVD #153-220  
1.4 CITY-ST-ZIP MIAMI FL 33196

2.1 TITLE  
2.2 NAME  
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17.1 TITLE  
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18.1 TITLE  
18.2 NAME  
18.3 STREET ADDRESS  
18.4 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 Charles Gilbert CHARLES GILBERT 4/15/97 305 303 0553

CR2E034 (9/96)