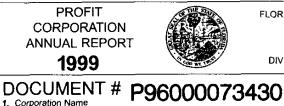
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

ALPHA PRODUCTS CORP.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 21, 1999 8:00 am Secretary of State

05-21-1999 90007 021 ***150.00

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Principal Place of Business Mailing Address							f ibillifter Lin ibira dieil fants anter anger a		11000 111		
10201 HAMMOC SUITE 153-220 MIAMI FL 33196			P.O. BOX 161875 MIAMI FL 33116				DO NOT WRITE IN T	HIS SPACE			
MINMI EL SCISO							3. Date Incorporated or Qualifed				
							08/30/1996				
Principal Place of Business 2a. Mailing Address							T			ied For	
21		26					65-0707656			Applicable	
			Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State							6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution	Add	ded to	Fees	
Zip	Country	Zip		Countr	У		8. This corporation owes the current year		-		
24	25	29	:	30			Personal Property Tax.	☐ Yes		No	
	9. Name and Address of Curre	nt Registered A	gent		<u> </u>		10. Name and Address of New Register	ed Agent			
011.50				81	י וי	Name					
GILBERT, CHARLES					2 5	Street Addres	dress (P.O. Box Number is Not Acceptable)				
10201 HAMMOCKS BLVD.				_	┸		·				
	E 153-220			83	3						
MIAMI FL 33196					4 (City	FL 85 Zip Code			ode	
agent. I ai I SIGNATURE	m familiar with, and accept the obligations of registered agents.	ations of, Section	1 607.0505, FION	da Statute	5.	ignature required v					
12.	OFFICERS AI	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS				
TITLE	Р		☐ DELETE	1.1 TITLE				Cha	nge	Addition	
NAME	GILBERT, CHARLES			1.2 NAME		ļ					
STREET ADDRESS 10201 HAMMOCKS BLVD. #153-220				1.3 STREET ADDRESS		OORESS					
CITY-ST-ZIP	MIAMI FL 33196			1.4 CITY-	ST-Z	IP I					
TITLE			☐ DELETE	2.1 TITLE				☐ Cha	nge	Addition	
NAME				2.2 NAME		Ì					
. STREET ADDRESS	• -			2.3 STREE	ET AC	ODRESS					
CITY-ST-ZIP				2.4 CITY-	ST-Z	ZIP				FIA DW -	
TITLE			☐ DELETE	3.1 TITLE		l		☐ Cha	nge	☐ Addition	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREI	ET AC	ODRESS					
CITY-ST-ZIP				3.4. CITY-		ZIP				- Addition	
TITLE			☐ DELETE	4,1 TITLE				Cha	nge	☐ Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4,3 STREI	ET AC	DDRESS					
CITY-ST-ZIP				4.4 CITY-		(IP					
TITLE			DELETE	5.1 TITLE				☐ Cha	.nge	Addition	
NAME .				5.2 NAME							
STREET ADDRESS				5.3 STREE			*				
CITY OT ZID				5.4 CITY-	ST-Z	IP					

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiP

TITLE

NAME

CHARLES GILBER SIGNING OFFICER OR DIRECTOR

Change

☐ Addition

CR2E034 (11/98)