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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080657 (5)

ALCRIS HOLDINGS, INC.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	Mailing Address			d utdividdi ind karid drift dairn obels obret obvor foun desion asine enon som inde
1400-A SUNTRUST INTERNATIONAL CENTER 1400-A SUNTRUS			INTERNATIONAL CENTER			
ONE SOUTHEAST THIRD AVENUE			ONE SOUTHEAST THIRD AVENUE			DO NOT WRITE IN THIS SPACE
MIAMI FL 33131		MIAMI FL 33131				3. Date Incorporated or Qualified
						09/27/1996
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0707860 Not Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				гве надыгео
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	28]	Country			Trust Fund Contribution
	25	29	30	O. K.		Personal Property Tax due June 30.
24	g. Name and Address of Curren		[30]	T		10. Name and Address of New Registered Agent
001			·	81	Name	
COPROLITE CORPORATION 1400-A SUNTRUST INTERNATIONAL CENTER				-	Charak	Address (P.O. Box Number is Not Acceptable)
	E SOUTHEAST THIRD AVENUE	CENTEN		82 Street Add		Address (P.O. Box Number is not Acceptable)
	MI FL 33131			83		
MILT	an 1 2 00 10 1			84	City	85 Zip Code
					,	FL `` `
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						
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 proted narror of registered agent and their dispylicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS ANI		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	11	TITLE		Change Addition
NAME	DAY, VIVIENNE		12	NAME		
STREET ADDRESS ONE SOUTHEAST THIRD AVENUE, SUITE 1400			13	1 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		14	CITY-S	T-ZIP	
TITLE		☐ DELETE	DELETE 21TITLE			Change Addition
NAME			331			
STREET ADDRESS			23	2 3 STREET ADDRESS		·
CITY-ST-ZIP					ST-ZIP	
TITLE			DELETE 31 TITLE			Change Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		- Driett			\$7-2IP	Change Addition
TITLE		☐ DELFTE	1	TITLE		
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE		CITY-S	ST - ZIP	Change Addition
TITLE			I '	NAME		tion of the state
NAME					AUDECC	
STREET ADDRESS				CITY-S	ADDRESS	1
CITY-ST-ZIP TITLE		DELETE		TITLE	11- ZIP	Change Addition
		[_] better	1	NAME		
NAME PTACET ADDRESS					ADDRESS	.]
STREET ADDRESS						
CITY-ST-ZIP	<u></u>		6.4	CITY - S) 1 ^ £1P'	1 1/ 0 - C - 440 07/0/0 Fly ide Chat the 16 other parties that the Information

4. I hereby cortify that the information supplied with this filling 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 suppliemental armual 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 cortify annual to the receiver or trustone empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or on an attachment with an address.

CICAIATHDE:

ine I has Vivienne Day, Director 3

3/11/98 (305)377-9353

CR2E034 (