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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085850 (1)

ALFATECNICA CORP.

FILED
May 06 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address 8390 N.W. 53 STREET 8390 N.W. 53 STREET SUITE 104 SUITE 104 DO NOT WRITE IN THIS SPACE MIAMI FL 33166 MIAMI FL 33166 3. Date Incorporated or Qualified 10/17/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 65-0700579 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intr-naible Personal Property Tax due June 30. Yes L; No Country Country 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MALFELD, GARY D ESO. 2600 DOUGLAS ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 905 63 CORAL GABLES FL 33134 84 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE DEVIA, HENRY E TRANSVERSAL 1A, NO. 68-80, APT. 101 STREET ADDRESS 1.3 STREET ADDRESS SANTAFE DE BOGOTA, COLUMBIA CITY-ST-ZIP 14 CITY-ST-7IP DELETE TITLE 2.1 TITLE Change Addition DEVIA, DANIEL H NAME 2.2 NAME DIAGONAL 110, NO. 42-85, INT. 4, APT. 104 STREET ADDRESS 2.3 STREET ADDRESS SANTAFE DE BOGOTA, COLUMBIA CITY-ST-ZIP 2.4 CITY-ST-ZIE DEFETE Change Addition 3.1 TITLE NAME DEVIA, JULIA A 3.2 NAME STREET ADDRESS **DIAGONAL 142-31B 57** 3.3 STREET ADDRESS SANTAFE DE BOGOTA, COLUMBIA CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 supplymental 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, of un an attachment with an address.

SIGNATURE:

04/28/98