


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

FILED  
May 06 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000085850 (1)</b> 1. Corporation Name <b>ALFATECNICA CORP.</b>					
Principal Place of Business <b>8390 N.W. 53 STREET SUITE 104 MIAMI FL 33166</b>			Mailing Address <b>8390 N.W. 53 STREET SUITE 104 MIAMI FL 33166</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>10/17/1996</b> 4. FEI Number <b>65-0700579</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MALFELD, GARY D ESO. 2600 DOUGLAS ROAD SUITE 905 CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DEVIA, HENRY E</b>	1.2 NAME			
STREET ADDRESS	<b>TRANSVERSAL 1A, NO. 68-80, APT. 101</b>	1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SANTAFE DE BOGOTA, COLUMBIA</b>	1.4 CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DEVIA, DANIEL H</b>	2.2 NAME			
STREET ADDRESS	<b>DIAGONAL 110, NO. 42-85, INT. 4, APT. 104</b>	2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SANTAFE DE BOGOTA, COLUMBIA</b>	2.4 CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DEVIA, JULIA A</b>	3.2 NAME			
STREET ADDRESS	<b>DIAGONAL 142-31B 57</b>	3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SANTAFE DE BOGOTA, COLUMBIA</b>	3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

SIGNATURE:

*[Signature]*

04/28/98

CR2E034 (10/97)