

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

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000091317 (3)

1. Corporation Name

ALAMO BELGIUM ACQUISITION CORP.

Principal Place of Business

200 EAST LAS OLAS BLVD.
FORT LAUDERDALE FL 33301

Mailing Address

200 EAST LAS OLAS BLVD.
FORT LAUDERDALE FL 33301-2248

3. Date Incorporated or Qualified
11/06/1996

3a. Date of Last Report

4. FEI Number
65-0711537

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 450 E. Las Olas Blvd.

Suite, Apt. #, etc.

22 Ste. 1200

City & State

23 Ft. Lauderdale, FL

24 33301

Country

2a. Mailing Address

26 450 E. Las Olas Blvd.

Suite, Apt. #, etc.

27 Ste. 1200

City & State

28 Ft. Lauderdale, FL

29 33301

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

TITLE PTD
NAME Thomas W. Hawkins
STREET ADDRESS 450 E. Las Olas Blvd. #1200
CITY- ST- ZIP Ft. Lauderdale, FL 33301

TITLE VSD
NAME Richard L. Handley
STREET ADDRESS 450 E. Las Olas Blvd. #1200
CITY- ST- ZIP Ft. Lauderdale, FL 33301

TITLE V
NAME Howard Schwartz
STREET ADDRESS 110 SE 6th St.
CITY- ST- ZIP Ft. Lauderdale, FL 33301

TITLE V
NAME Johnny Taylor
STREET ADDRESS 110 SE 6th St.
CITY- ST- ZIP Ft. Lauderdale, FL 33301

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Richard L. Handley

Richard L. Handley

Date

3/11/97

Daytime Phone #

954-713-5200

CR2E034 (9/96)