


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

FILED

Apr 03 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 # P96000097281 (5)			
1. Corporation Name ALMEGA, CORP.			
Principal Place of Business 14115 SW 148TH TERRACE MIAMI FL 33186		Mailing Address 14115 SW 148TH TERRACE MIAMI FL 33186-7206	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent <del>ORTIZ, JUAN CARLOS</del> <del>14115 SW 148TH TERRACE</del> <del>MIAMI FL 33186</del>		10. Name and Address of New Registered Agent 81 Name JAVIER A. ECHEVERRY 82 Street Address (P.O. Box Number is Not Acceptable) 83 11415 SW 146th Terrace 84 City MIAMI FL 85 Zip Code 33186	
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 <i>Javier A. Echeverry</i> DATE <i>3/27/97</i> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <del>TD</del> <input checked="" type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <del>ORTIZ, JUAN CARLOS</del>		1.2 NAME	
STREET ADDRESS <del>923 SW 110TH COURT</del>		1.3 STREET ADDRESS	
CITY - ST - ZIP <del>MIAMI FL 33184</del>		1.4 CITY - ST - ZIP	
TITLE <del>VD</del> <input checked="" type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <del>PALACIOS, ALBEIRO</del>		2.2 NAME	
STREET ADDRESS <del>923 SW 110TH COURT</del>		2.3 STREET ADDRESS	
CITY - ST - ZIP <del>MIAMI FL 33184</del>		2.4 CITY - ST - ZIP	
TITLE <del>PD</del> <input type="checkbox"/> DELETE		3.1 TITLE PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ECHEVERRY, JAVIER A		3.2 NAME	
STREET ADDRESS 14115 SW 148TH TERRACE		3.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL 33186		3.4 CITY - ST - ZIP	
TITLE <del>SD</del> <input type="checkbox"/> DELETE		4.1 TITLE VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ECHEVERRY, MARIA E		4.2 NAME	
STREET ADDRESS 14115 SW 148TH TERRACE		4.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL 33186		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	
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: <i>Javier A. Echeverry</i> DATE: <i>3/27/97</i> (205) 232-3918 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0004908			



CR2E034 (9/96)