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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

3. Date Incorporated or Qualified: 12/02/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0728690
Applied For: [Blank] / 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. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country
25. Zip Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
~~ORTIZ, JUAN CARLOS~~
~~14115 SW 148TH TERRACE~~
~~MIAMI FL 33186~~

10. Name and Address of New Registered Agent
81. Name: JAVIER A. ECHEVERRY
82. Street Address (P.O. Box Number is Not Acceptable): 11415 SW 146th Terrace
83. 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: *Javier Alamo Echeverry* DATE: 3/27/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORTIZ, JUAN CARLOS	
STREET ADDRESS	923 SW 110TH COURT	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PALACIOS, ALBEIRO	
STREET ADDRESS	923 SW 110TH COURT	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ECHEVERRY, JAVIER A	
STREET ADDRESS	14115 SW 148TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ECHEVERRY, MARIA E	
STREET ADDRESS	14115 SW 148TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Javier Alamo Echeverry* DATE: 3/27/97 (205) 232-3918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0004806

CR2E034 (9/96)