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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103638 (8)

ALOS SYSTEMS CORPORATION

Principal Place of Business Mailing Address												1981 1881
21934 PHILMONT COURT BOCA RATON FL 33428			21934 PHILMONT COURT BOCA RATON FL 33428-4750									
								Date Incorporate 2/20/1996	ed or Qualified	3a. Date	of Last R	eport
2. Principal Place of Business			2a. Mailing Address				4	FEI Number		_		oplied For
21			26					65-072071				ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Sta	lus Desired		Fee Re	Additional equired
City & State			City & State					Election Campai	•			May Be
23			Zip Oountry			J		Trust Fund Cont				to Fees
		ntry	Zip 1	F,		itry		This corporation	·			. 199.032,
24	25		29 30 Registered Agent				Florida Statutes Yes X No 10. Name and Address of New Registered Agent					
001		areas or current trea	Istoro Agont		81	Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
GONZALEZ, ROMULO 21934 PHILMONT COURT BOCA RATON FL 33428			· L.			Address (P.	ddress (P.O. Box Number is Not Acceptable)					
BOO	A HAIUN FL 3342	0			83							
هر.					84	City					85 Zip	Code
					.					PL:		
office or r agent. I a SIGNATURE	im tamiliar with, and a	ooth, in the State of Flo accept the obligations	607.1508, Florida Stat orida, Such change was of, Section 607.0505,	r iolida şiai	utes	·.	poration's be required when		. I hereby accep	of the appoin	tment as	registered
12.	Signature, lytico or printed i	OFFICERS AND DIR		13.	u Aye	FE SIGNATURE		ADDITIONS/CHA	NGES TO OFFIC		IRECTO!	RS IN 12
Trīle	T	OH KING AND DIN	DELETE	1/110	TLE		P	155,176,16,6.17			Change	Addition
NAME			-	1.2 N	AME		Romo	LO GONE	CALEZ			,
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CITY-ST-ZIP				1,4 0	11Y - \$	1 - ZIP		RATON		B 3302	8	
TITLE			DELETE	2.11	TLE		V				Change	Addition Addition
NAME	\			2 2 N	AME		NOHO	RA I. Y	MYOREA			
STREET ADDRESS				2,3 \$	IREE I	ADDRESS	21934	britui	out coa	ort		
CITY-ST-ZIP				2,40	HY-	ST - 7IP	BOXA	LATUN	Frovid	A 350	28	
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NAME	1			3 _, 2 N	AME							
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NAME	1			4.21								
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TITLE			☐ DELFTE	5,1⊺						L	Change	Addition
NAME				5 2 N								
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP						ST-ZIP					Change	Addition
TITLE			☐ DELETÉ	611						L	2 remainds	L.J AQUIROII
NAME				62 N								
STREET ADDRESS				i		ADDRESS						
CITY OF 7ID	I			640	11 V - 9	31 - 7IP	1					

14. Ido 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 Applemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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, from an attachment with an address.