TOTAL P.02

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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 APR -9 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-97000007835

1. Corporation Name
ALACANT, INC.

Principal Place of Business / Mailing Address
1925 Brickell Ave., #D-206
Miami, FL 33129

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1925 Brickell Ave.	2a. Mailing Address: 25 SAME
Suite, Apt. #, etc.: 22 D-206	Suite, Apt. #, etc.: 27
City & State: 23 Miami, Fl	City & State: 28
Zip: 24 33129 — Country: 26 US	Zip: 29 — Country: 30

3. Date Incorporated or Qualified: January 27, 1997
4. FEI Number: 65-0756555 — 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROGER BESU, ESQ.
1925 Brickell Ave., #D-206
Miami, FL 33129

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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] 4/8/98 (305)854-6363 4/8/98
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	President	☐ DELETE
NAME	ROGER BESU	
STREET ADDRESS	1925 Brickell Ave., D-206	
CITY-ST-ZIP	Miami, FL 33129	
TITLE	Vice-Pres./Sec.-Treasurer	☐ DELETE
NAME	Laura Castrillo c/oRoger Besu	
STREET ADDRESS	1925 Brickell Ave., D-206	
CITY-ST-ZIP	Miami, FL 33129	
TITLE	Director	☒ DELETE
NAME	Roger Besu	
STREET ADDRESS	1925 Brickell Ave., D-206	
CITY-ST-ZIP	Miami, FL 33129	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Executive Vice-Pres./Secretary	☐ Change ☒ Addition
1.2 NAME	Guillermo Castrillo Fernandez c/oRoger Besu	
1.3 STREET ADDRESS	1925 Brickell Ave., #D-206(sole Director)	
1.4 CITY-ST-ZIP	Miami, FL 33129	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****158.75 ****158.75

CR2E034 (10/97)

14. I 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: [signature] President 4/8/98 305 854-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE