FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90360 042 ***150.00

DOCUMENT # P97000008774

1. Entity Name
ALPA INTERNATIONAL GROUP INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2105 NW 79 AVE	2105 NW 79 AVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33122 Country: U.S.A	Zip: 33122 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0832809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PATRICIA CRAIG
Street Address (P.O. Box Number is Not Acceptable): 2163 NW 79 AVE
City: MIAMI FL Zip Code: 33122

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [signature] PRESIDENT 4/26/02
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D VP S T
NAME	PATRICIA CRAIG
STREET ADDRESS	2105 NW 79 AVE
CITY-ST-ZIP	MIAMI FL 33122
TITLE	VP D
NAME	REINALDO RODRIGUEZ
STREET ADDRESS	2105 NW 79 AVE
CITY-ST-ZIP	MIAMI FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PATRICIA CRAIG 4/26/02 305 591 1323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)