

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0076576

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 AUG 28 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000014335 (8)

1. Corporation Name
ALCO SERVICE, INC.

Principal Place of Business
3242 COLLIN DRIVE
WEST PALM BEACH FL 33406

Mailing Address
3242 COLLIN DRIVE
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

65-0728514

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

2. Principal Place of Business

2a. Mailing Address

P.O. Box 15111

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach, FL

Zip

Country

Zip

Country

33416-5111

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Dalia Accounting Service
82 Street Address (P.O. Box Number is Not Acceptable) 680 S. Military Trail
83
84 City West Palm Beach FL 85 Zip Code 33415

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 *Dalia Mebender* Dalia Mebender

07/07/98

Signature, typed or printed name of registered agent and this is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	SANTOS, GUILLERMO L	3242 COLLIN DRIVE	WEST PALM BEACH FL 33406	<input type="checkbox"/>
VSD	SANTOS, LOURDES A	3242 COLLIN DRIVE	WEST PALM BEACH FL 33406	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 *Rouven...* Rouven... 7/7/98 561-5788

CR2E034 (5/98)

ALCO SERVICE, INC.

P.O. BOX 15111
WEST PALM BEACH, FLORIDA 33415-5111

Phone 561-966-5788
Fax 561-966-5788

July 07, 1998

Department Of State
Annual Reports Filings
Tallahassee, Fl 32302-1500

To Whom It May Concern:

Please waive the late fee of \$400.00, due to us never receiving the first notice. Enclosed is our check for the 1998 Annual Report in the amount of \$150.00.

Should you have any questions, please feel free to contact me at 561 966-5788.

Thank you for your attention in this matter.

Sincerely,



Lourdes A. Santos
Vice President