


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90151 008 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000024349</b> 1. Corporation Name <b>ALCO LIMITED INTERNATIONAL, INC.</b>			
Principal Place of Business 210 N. UNIVERSITY DR. SUITE 500 CORAL SPRINGS FL 33071		Mailing Address 210 N. UNIVERSITY DR., SUITE 504 CORAL SPRINGS FL 33071	
2. Principal Place of Business 21 <b>740 So. FEDERAL HWY</b> Suite, Apt. #, etc. 22 <b>507</b> City & State 23 <b>Pompano Beach, FLA</b> Zip 24 <b>33062</b>		2a. Mailing Address 26 <b>740 So. FEDERAL HWY</b> Suite, Apt. #, etc. 27 <b>507</b> City & State 28 <b>Pompano Beach, FLA</b> Zip 29 <b>33062</b>	
9. Name and Address of Current Registered Agent <b>CILELLA, LINDA M</b> <b>210 N UNIVERSITY DRIVE, SUITE 500</b> <b>CORAL SPRINGS FL 33071</b>		10. Name and Address of New Registered Agent 81 Name <b>ALFRED J. CILELLA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>740 So. FEDERAL HIGHWAY</b> 83 84 City <b>Pompano Beach</b> FL 85 Zip Code <b>33062</b>	
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 <u><i>Alfred J. Cilella</i></u> DATE <u>4/29/99</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CILELLA, ALFRED J 3307 W. 47TH PL CHICAGO IL 60632	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT + SECRETARY CILELLA, ALFRED J. 740 So. FEDERAL HIGHWAY # POMPAHO BEACH, FLA 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLIM, SAMI 210 N. UNIVERSITY DR., #500 CORAL SPRINGS FL 33071	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CILELLA, LINDA MARY 210 N. UNIVERSITY DR., #500 CORAL SPRINGS FL 33071	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)