

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

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P97000089394 (5)**
 1. Corporation Name
ALMARAL INVESTMENTS, INC.



Principal Place of Business: **C/O 306 ALCAZAR AVENUE SUITE 302 CORAL GABLES FL 33134-4318**

Mailing Address: **C/O 306 ALCAZAR AVENUE SUITE 302 CORAL GABLES FL 33134-4318**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **201 ALHAMBRA Circle SUITE 500 CORAL GABLES, FL 33134**

2a. Mailing Address: **40201 ALHAMBRA Circle SUITE 500 CORAL GABLES, FL 33134**

3. Date Incorporated or Qualified: **10/17/1997**

4. FEI Number: **05-0807913**

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: **AVELLAN, LILIANA V ESQ 306 ALCAZAR AVENUE SUITE 302 CORAL GABLES FL 33134-4318**

10. Name and Address of New Registered Agent:

B1	GARCIA & AVELLAN, P.A.
B2	AVELLAN, LILIANA V. ESQ.
B3	201 ALHAMBRA Circle # 500
B4	City CORAL GABLES FL B5 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0802 and 607.1808, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0805, Florida Statutes.

SIGNATURE: *Liliana Avellan* DATE: **5/17/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Rodriguez ALFREDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ALFREDO	12 NAME	
STREET ADDRESS	C/O 306 ALCAZAR AVENUE SUITE 302	13 STREET ADDRESS	201 ALHAMBRA Circle # 500
CITY-ST-ZIP	CORAL GABLES FL 33134-4318	14 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 supplement 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attached page, with an address.

SIGNATURE: *Alfredo Rodriguez* DATE: **5/13/98**

CR2E034 (10/97)