

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90001 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000089394

1. Corporation Name
ALMARAL INVESTMENTS, INC.



Principal Place of Business
 201 ALHAMBRA CIR
 SUITE 500
 CORAL GABLES FL 33134
 US

Mailing Address
 201 ALHAMBRA CIR
 SUITE 500
 CORAL GABLES FL 33134
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1997

4. FEI Number
65-0807913

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 the current year Intangible Personal Property. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

GARCIA & AVELLAN P.A.
306 ALCAZAR AVENUE SUITE 302
201 ALHAMBRA CIR STE 500
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ALFREDO
STREET ADDRESS	201 ALHAMBRA CIR STE 500
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE: *Medina* **REQUIRE** 7/13/99 305-447-0026

CR2E034 (5/99)

S90786-90001-12
P97000089394

GARCIA & AVELLAN, P.A.
Attorneys at Law

William Garcia
Liliana V. Avellan

201 Alhambra Circle, Suite 500
Coral Gables, Florida 33134
Telephone (305) 447-0026
Facsimile (305) 447-1280
(305) 447-9623
www.garcia-avellan.com

July 13, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Almaral Investments, Inc.
Document No.: P97000089394

To Whom It May Concern:

As per my telephone conversation this morning with your Reinstatement Section Department, and as per that office's request, I'm sending this letter to you to inform you that our client sent a check in the amount of \$150.00 on May 14, 1999, to the Department of State. Upon receiving a second notice form, I contacted my client and was told that the check sent to you in the month of May had not cleared with the bank. According to the instructions received this morning, I'm enclosing our replacement check in the amount of \$150.00; and a duplicate Annual Report Form for the referenced corporation.

If you have any further questions concerning this matter please call me at the number listed above.

Very truly yours,


William Garcia

WG/ad