

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90238 044 ***150.00

0254184

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P98000017281

1. Corporation Name
ALF QUALITY CORP.

Principal Place of Business

**9601 SW 142 AVE
#1127
MIAMI FL 33186**

Mailing Address

**9601 SW 142 AVE
#1127
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

2. Principal Place of Business

21 15369 SW 36th TERRACE

Suite, Apt. #, etc.

**22 City & State
Miami, FL**

**23 Zip
33185**

**25 Country
USA**

2a. Mailing Address

26 15369 SW 36th TERRACE

Suite, Apt. #, etc.

**27 City & State
Miami, FL**

**28 Zip
33185**

**30 Country
USA**

4. FEI Number

65-0817963

Applied For

No Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**VIVAS, ALBERT
9601 SW 142 AVE
#1127
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name VIVAS, ALBERT

**82 Street Address (P.O. Box Number is Not Acceptable)
15369 SW 36th TERRACE**

83

84 City Miami

FL

**85 Zip Code
33185**

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

Signature, typed or printed name of registered agent and title if applicable

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VIVAS, ALBERT
STREET ADDRESS 9601 SW 142 AVE, #1127
CITY-ST-ZIP MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME VIVAS, Albert
1.3 STREET ADDRESS 15369 SW 36th TERRACE
1.4 CITY-ST-ZIP MIAMI, FL 33185

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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: **X**

Albert D. Vivas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALBERT D. VIVAS 4/21/99 305-9862659

CR2E034 (11/98)