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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90212 019 \*\*\*150.00

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DOCUMENT #	P980000199	83

ALPHA P	ROPERTIES GROUP, INC.					I I <b>saliso</b> n ik <b>o</b> kalak isalik <b>so</b> kki	OBIN BAN BETE	 	18188 1111 1 <b>16</b> 1
Principal Place	lace of Business Mailing Address					COOLEGE	68111 <b>48</b> 111 <b>38</b> 141	, 31010 19110 1818) I	MIMB IIII INDI
12263 SOUTHWEST 132ND COURT 12263 SOUTHWEST 132ND CO MIAMI FL 33186-4216 MIAMI FL 33186-4216		OURT			20 NOT W	DITE IN THE	COACE		
					-	DO NOT WI Date Incorporated or Qualife	RITE IN THIS	SPACE	
					3	03/03/1998	iu .		1
2. Principal Pl	ace of Business	2a, Mailing Address		<del></del>	- 4	FEI Number	,	Ap	plied For
21	26				<i>'</i> ].	65-082684	<b>⊦8</b> ,	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
City & State		City & State			Floring Convince Financiae			\$5.00 May Be	
23	8	28			•	<ol> <li>Election Campaign Financin Trust Fund Contribution</li> </ol>	g 🗆	Added to	
Zip	Country	Zip Coun		<del></del>	-	This corporation owes the co	urrent year In	ntangible	
24	25	29 30	<u> </u>		ĺ	Personal Property Tax.		Yes	□No
	g. Name and Address of Current	Registered Agent			10	). Name and Address of Nev	v Registered	Agent	
4340	DA ALIAZED		81	Name					Ì
AMERILAWYER		82	Street A	ddress	(P.O. Box Number is Not Acce	ptable)	<del>                                     </del>		
343 ALMERIA AVENUE		<u>_</u>	<u></u>						
CON	AL GABLES FL 33134		83	Ì				j .	1
			84	City			FL	85 Zip C	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth	iorized by	tne corpor	orporati ation's	on submits this statement for the board of directors. I hereby account to the statement of	he purpose o cept the appo	changing its intment as re	registered gistered
SIGNATURE		WOTT D		nt signature req	u de aut u de au	- columntations	DATE	<b></b>	
	Signature, typed or printed name of registered agent OFFICERS AND		13,	ur signature red	COLLECT MALES	ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		TPS			Change	☐ Addition
NAME	GARCIA, DARJELO		1.2 NAME		$\Delta$	TANA AHMED			
STREET ADDRESS			1.3 STREE	T ADDRESS	122	63 S.W. 132C	OURT		
CITY-ST-ZIP	MIAMI FL 33186-4216		1.4 CITY- S		Miz	ami FL. 3	3186		
TITLE		☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			23 STREE	T ADDRESS			and the second second		
CITY-ST-ZIP			2.4 CITY-	ST-ZIP					T Addition
TITLE		☐ DELETE	3.1 TITLE	[				☐ Change	Addition
NAME			3.2 NAME						ļ
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP		- Decem	3.4. CITY-	ST-ZIP				☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE						

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 property of respectation and indicated on this annual property of respectation that the information indicated on this annual property of respectation to the property of the property

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MANUAL SIGNING OFFICER OR DIRECTOR QUENTON

DELETE

DELETE

January 22, 1999 (3 95) 253-7305

JKZEU34 (11/98)

Addition

Addition

Change

☐ Change