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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000020793

1. Corporation Name
ALARDE CORPORATION

Principal Place of Business	Mailing Address
~~2100 W. 76TH STREET~~	12717 WEST SUNRISE BLVD.
~~SUITE 211~~	SUITE 360
~~HIALEAH FL 33016~~	SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1998

2. Principal Place of Business	2a. Mailing Address
21 12717 West Sunrise Blvd	26 12717 West Sunrise Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite #360	27 Suite #360
City & State	City & State
23 SUNRISE, FLORIDA	28 SUNRISE, FLORIDA
Zip / Country	Zip / Country
24 33323 25 USA	29 33323 30 USA

4. FEI Number: 65-0816597 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $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 Tax. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CHANEY, ROBERT K CPA
2100 W. 76TH STREET
SUITE 211
HIALEAH FL 33016

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD [X] DELETE	1.1 TITLE	PRESIDENT/P/C [X] Change [ ] Addition
NAME	BRADFORD, JAMES T JR	1.2 NAME	LARA, RODRIGO
STREET ADDRESS	2100 W. 76TH STREET, SUITE 211	1.3 STREET ADDRESS	12717 W. SUNRISE BLVD. SUITE #360
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	[ ] DELETE	2.1 TITLE	T/M D [ ] Change [X] Addition
NAME		2.2 NAME	LARA, MIGUEL
STREET ADDRESS		2.3 STREET ADDRESS	12505 NW 10TH Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
		4.2 NAME	
ADDRESS		4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP	
	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
		5.2 NAME	
ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
		6.2 NAME	
ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: Rodrigo Lara 4/15/99 (954) 328-0848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RODRIGO LARA