


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90148 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000032307**

1. Corporation Name
ALBORES FORMING CORP.

Principal Place of Business
**700 SW 6TH TERRACE
HALLANDALE FL 33008**

Mailing Address
**700 SW 6TH TERRACE
HALLANDALE FL 33008**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/06/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0826270	
City & State 23		City & State 28		Applied For <input type="checkbox"/> Not Applicable	
Zip 24		Zip 29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ALBORES, ALEXANDER 700 SW 6TH TERRACE HALLANDALE FL 33008				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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

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

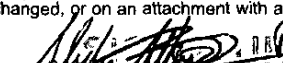
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBORES, ALEXANDER	1.2 NAME	ALBORES, ALEXANDER
STREET ADDRESS	700 SW 6TH TERRACE	1.3 STREET ADDRESS	700 SW 6TH TERRACE
CITY-ST-ZIP	HALLANDALE FL 33008	1.4 CITY-ST-ZIP	HALLANDALE FL 33008
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ALBORES, SALVADOR
STREET ADDRESS		2.3 STREET ADDRESS	6630 INDIAN CREEK DR #216
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ALBORES, SALVADOR JR
STREET ADDRESS		3.3 STREET ADDRESS	906 SW 1 AVE APT 2
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HOUSTON TX 77030
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

 **Alexander Albores DAC** 43099 305 3338087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)