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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000077403**1. Corporation Name ALAR HEALTH SERVICE, INC.

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90144 002 ***150.00



Principal Place of Business Mailing Address 9796 SW 147TH COURT 9796 SW 147TH COURT MIAMI FL 33196 DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed 09/08/1998 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 5. Certificate of Status Desired	No	oplied For
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Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired	¢0 75	ot Applicable
27		Additional
00 0 0000	Fee Re	equired
City & State City & State 6. Election Campaign Financing	•	May Be
28 Trust Fund Contribution		to Fees
Zip Country Zip Country 8. This corporation owes the current year Intar	Intangible Yes	□No
24 25 29 30 1 1 1 1 1 2 1		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered A		
ALEJO CADLOS M	····	
9796 SW 147TH COURT 82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33196 83		
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84 City FL	!==[7 := (
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 c	85 Zip (Code
	of changing its	s registered
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the adove-halled corporation such lists statement for the purpose of 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 appoint of the obligations of Section 607,0505, Florida Statutes.	of changing its	s registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	of changing its	s registered
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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 corpolation 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 manual or on an attachment with an address, with all other like empowered.

SIGNATURE: