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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000084007

1. Corporation Name

ALCO INVESTMENTS, INC.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90067 045 ***150.00



Principal Place of Business Mailing Address						1 1881/884 118 (818) 1811/ 481/4 881/1 88/11 66	(B) (8))) B)())	88111 E1	Filt 1881 1881
7303 NW 79TH TERR.		7303 NW 79TH TERR.	7303 NW 79TH TERR.						
MIAMI FL 33166		MIAMI FL 33166	MIAMI FL 33166			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						09/29/1998			
2 Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied Fo			
 1	acc of Business	26	- 7 ')			Applicable
Suite, Apt. a	# etc	- Suite, Apt. #, etc					\$8.		Iditional
22		<u> </u>	27			5. Certifcate of Status Desired	Fe	e Req	uired
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be			
23		28				Trust Fund Contribution		ded to	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	Intangible		
24	25 29 3					Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent		
	1710			81	Name				
	AZAD		82			ress (P.O. Box Number is Not Acceptable)			
	NW 79TH TERR.		52 0.000						
MAIM	MI FL 33166			83					
				84	City		85	Zip Co	ode
				ΙÌ	•	F	LII	-	
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a ations of, Section 607.0505, Flo	ulhonzeo rida Stati	i by t utes.	ine corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	oointment :	as regi	stered
	Signature, typed or printed name of registered agr			Agent	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOF	2S IN 12
12.		ND DIRECTORS	13.	n c		ADDITIONS/CHANGES TO OTTICE NO.	☐ Cha		Addition
TINLE }									
NAME	ALI, ALI			ADDRESS					
STREET ADDRESS	**************************************				l				Ì
CITY-ST-ZIP TITLE	MIAMI FL 33166 VTD	FL 33100 140		TY-ST	-ZIP		Cha	inge	Addition
~~~	· · · · · · · · · · · · · · · · · · ·		-2.2 NAME				_	_	
NAME	7303 NW 79TH TERR.	E, TENOTON			ADDRESS				
STREET ADDRESS			1		)				1
CITY-ST-ZIP	MIAMI FL 33166	☐ DELETE	3.1 T/	TY-ST	1-21		☐ Cha	ange	☐ Addition
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NAME					ADDRESS				
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CITY-ST-ZIP		☐ DELETE	4.1 TI	TY-ST	1-217		Chá	enge	Addition
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NAME					ADDRESS				
STREET ADDRESS					ADDRESS				l
CITY-ST-ZIP	<del></del>	☐ D€LETE		TY-ST	-219		☐ Cha	ange	Addition
TITLE			5.1 TITLE 5.2 NAME					•	-
NAME					ADDRESS				]
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NAME			1		ADDRESS				}
STREET ADDRESS				TY-ST					}
CITY-ST-ZIP			0.4 5.7	31					

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 the empowered.

SIGNATURE: _

VERONICA ALI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

04/12/99

305-887-9725