2002 UNIFORM BUSINESS REPORT (UBR)

S31693 **DOCUMENT #** 1. Entity Name

ALEMMANY CORP.

Principal Place of Business

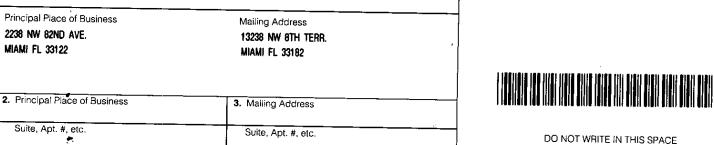
2238 NW 82ND AVE.

Suite, Apt. #, etc.

MIAM! FL 33122

FILED May 09, 2002 8:00 am Secretary of State

05-09-2002 90075 034 ***150.00



City & State City & State 4. FEI Number Applied For 65-0394040 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE LA TORRE. ALFONSO Street Address (P.O. Box Number is Not Acceptable) 13238 NW 8TH TERR. MIAMI FL 33182 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (Seè criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees

11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01) Change Addition NAME ALVAREZ PANELA, MANUEL NAME 13238 NW 8TH TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33182 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ALVAREZ DE LA TORRE, JOSE MANUEL NAME NAME STREET ADDRESS 13238 NW 8TH TERR. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33182 CITY-ST-ZIP TITLE Delete Delete TITLE Change Addition NAME ALVAREZ DE LA TORRE, ALFONSO NAME STREET ADDRESS 13238 NW 8TH TERR. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33182** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #