1-16.97 B- 0238- C

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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$39430

(1)

ALEMU ENTERPRISES, INC.

Rusiness Mailine Addre

FILED
Jan 16 1997 8:00am
Secretary of State



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7556 N.W. 58TI TAMARAC FL 3 US		P.O. BOX 26491 Tamarac Fl 33320-6491 US			pr vers -= 1			
					3. Date Incorporated or Qualified 03/19/1991	fied 3e. Date of Last Report 02/06/1996		
	lace of Business	2a. Mailing Address	1/1/	9/	4. FEI Number			Applied For
21 7556	10W 38V 3F.	26 11.0.13 07 2	QY.	1.1	65-0253514			Not Applicable
Suite, Apt.	#, etc	27 5		•	5. Certificate of Status Desired			Additional Required
City & State		City & State	101		6. Election Campaign Financing	\$5.00 May Be		
23 TM	nARAC, FC	28 MANACIC.			Trust Fund Contribution	Added to Fees		
Zip 24 723	2/ 25 / 1. S. A.	29 33320	30 (F. S. A.	8. This corporation has liability for Florida Statutes	_ ~ _	tax under	s. 199.032,
	9. Name and Address of Current		1001		10. Name and Address of New Re			
ALE	MU, TSEGAYE			81 Name				
AAEA NIW 20DD CTDEET					ddress (P.O. Box Number is Not Acceptable)			
	DERHILL FL 33313			oz Sireet Add	ress (r.O. Dox number is not Acceptat	 191		
				83				
l				84 City		FL	85 Zip	Code
44 Duranasi	to the array some of Castions 607 0600	2 and 607 1500 Florida Ptatul	too the of	l nomed cor	poration submits this statement for the p		<u></u>	its registered
office or ri	egistered agent, or both, in the State i	of Florida, Such change was a	authorize	d by the corpora	poration submits this statement for the pition's board of directors. I hereby accep	ot the appo	changing pintment a	is registered is registered
agent. La	m familiar with, and accept the obliga	ations of Section 607.0505, FI	orida Stat	utes.				-
SIGNATURE	Signature Typed or printed name of registered age-	or part tills there and the AMOL	E. Danistoro	Agent signature requ	ind when reinstruma)	DATE		
12.	OFFICERS AND		13.	Agent signature redu	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	D	DELETE	111	LE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	☐ Change	
NAME	ALEMU, TSEGAYE		1.2 N					_
STREET ADDRESS	4450 N.W. 23RD STREET			REET ADDRESS				
CITY-ST-ZIP	LANDERHILL FL			TY-ST-ZIP				
TITLE		DELETE	2.1 TI		*		Change	Addition
NAME		_	2.2 N	.me Î				
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CITY-SI-ZIP				ITY-ST-ZIP				
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NAME [— ·	3.2 N/	J				
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NAME			4 2 N	•				
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NAME			5.2 N				_	
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CITY-ST-ZIP			•	TY-ST-ZIP				
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NAME		_	6.2 N					
STREET ADDRESS				REET ADORESS				
CHTY-ST-ZIP			■ 64 U	TY - ST- ZIP				

14. I do 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 information information information information information information information 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.

SIGNATURE

SIGNATURE AND TYPED OF SPINIED NAME OF SIGNING OFFICE

- TSEGAYE ALGNU

1/10/97 Date

954-722-9556 Daytime Phone