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

PROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S39488

(9)

ALBANI, INC.

Principal Place of Business	Mailing Address	
6751 SW 16 ST Miami FL 33155	6751 SW 16 ST Miami Fl 33155	

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							1 40011610 160 11110 10111 01061 10101 1611 61011 01011 01011 01011 01011 01011 01011				
6751 SW 16 ST 6751 SW 16 ST MIAMI FL 33155 MIAMI FL 33155									DO NOT WRITE IN THIS SPACE		
										3. Date Incorporated or Qualified	\neg
										03/21/1991	╝
2. Principal Pi	ace of Busin	1088		28.	Mailing Address					4. FEI Number Applied For	╗
21				26						65-0256304 Not Applicab	Θ.
Suite, Apt. #, etc.			;	Suite, Apt. #, etc.						5. Certificate of Status Desired See Required Fee Required	
City & State				City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip		Country			ip Country			,		8. This corporation owes or has paid the current year lotangible	┪
24		25	1	29 30						Personal Property Tax due June 30. Yes Wo	
	9, Name	and Address o	f Current Re	pist	ered Agent					10. Name and Address of New Registered Agent	
ENC	CINOSA, IS	RAEL J.					81	Na	ame		
2600 DOUGLAS RD					82	St	reet Addres	ss (P.O. Box Number is Not Acceptable)	\dashv		
PH 3 CORAL GABLES FL 33134					83				\dashv		
COI	HAL GADLE	EO FL 33134							· ·	leal 7: Oct	4
							84	Ci	ııy	FL 85 Zip Code	
office or re	egistered ag	ent, or both, in t	the State of F	lorid	7.1508, Florida Statu a. Such change was Section 607.0505, F	authorize	d by	y the	med corpor corporation	oration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered	7
SIGNATURE											.
12.	Signature, typed	or printed name of rec				13.	d Age	enî şiğ	Jugime Lednieg	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ᅱ
TITLE						1.1 TITLE			Change Addition	╗	
NAME	100 - 100 110 - 100					1,2 NAME				<u> </u>	
STREET ADDRESS	1 Ame : 601/ - 6 Am				1.3 STREET ADDRESS		AFSS .		-		
CITY-ST-ZIP	MIAMI F								l		-
TITLE						CITY-ST-ZIP TITLE			Change Additio	ᅱ	
NAME					2.2 N	2.2 NAME			•	- [
STREET ADDRESS				2.3 S	2.3 STREE1 ADDRESS						
CITY-ST-ZIP								ST - ZIF	1		-[
TITLE						3.1 TITLE			Change Addition	ᆔ	
NAME						3.2 N	AME				- 1
STREET ADDRESS	DDRESS 335		3.3 STREET ADDRESS		RESS		1				
CITY-ST-ZIP						3.4. CITY - !		ST-ZIF	P		
TITLE					DELETE	4.1 Ti	TLF			Change Additio	n
NAME						4.21	AME				
STREET ADDRESS						4.3 STREET		ADDR	RESS	•	
CITY-ST-ZIP		_				4.4 C	ITY-S	T-ZIP			
TITLE					DELETE	51 T	TLE			Change Additio	n
NAME						5.2 N	AME				
STREET ADDRESS						5.3 \$	TREET	ADDR	RESS		
CITY-ST-ZIP						5.4 C	TY-S	T - ZIP			
TITLE					DELETE	6.1 T	TLE		1	Change Additio	n]
NAME						6.2 N	AME				
STREET ADDRESS						6.3 S	FREET	ADDR	ESS		
CITY-ST-ZIP								T-ZIP			\perp
14. I hereby c	ertify that the	e information sur	polied with th	as fil.	ing does not qualify t	or the ex-	empi	tion	stated in Se	ection 119.07(3)(i). Florida Statutes. I further certify that the information	٠I

indicated on this annual report or supplied with this limit about not quality for the exemption stated in section 119.07(5)), Florida Statutes. Further certify that it 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 or a particular with an address.