FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: ___

DOCUN		65 (5)				
	ALY, INC.					
0. 2. 0.	217 1110					
Principal Place	of Business	Mailing Address				0 0 4 1 11
10300 SUNSET DR. #415 SUITE 200 MIAMI FL 33173		10300 SUNSET DR., A Suite 200 Miami FL 33173	F415		3. Date Incorporated or Quaffied 38. 0	Date of Last Report
US		U\$			06/28/1991	03/16/1995
2. Principal Pla	ce of Business	2a. Mailing Address	, , , , , , , , , , , , , , , , , , , ,		4. FLT Number 65-0333460	Applied For Not Applicable
Suite, Apt. #	, etc.	Surte, Apt. #, etc.				\$8.75 Additional
2		27 200				Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible	
24	25	29	[30]		Florida Stalutes Yes No. Name and Address of New Register	
	9. Name and Address of Curr	ent Registereo Agent	81	Name	10. Name and Address of New negister	eu Agent
CARSTE	N, LAWRENCE A CPA PA		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
10300 SUNSET DRIVE 200						
MIAMI FI	L 33173		83			
			84	City		85 Zip Code
familiar with SIGNATURE	n, and accept the obligations of, Se signature, typed or printed name of rejectored ag-	ction 607.0505, Florida Statute:	S. Ott: Registered Ager			·
12.		ND DIRECTORS	ECTORS 13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE NAME	D Daly, Juan Luis	[] pereie	1.2 NAME	ļ		
STREET ADDRESS	3600 FRANTZ ROAD		1.3 STREE	EAUDRESS		
CITY+S1+ZIP			14 C/*Y - 5	ST 712		Change D Addition
TITLE NAME	D Daly, Teresa K.	DELETE	2 1 THLE 22 NAME			Change Addition
STREET ADDRESS	3600 FRANTZ ROAD			1 ADDRESS		
CITY - ST - ZIP	COCONUT GROVE FL	CONUT GROVE FL 24		ST-ZIP		
TITLE		DELETE 3 1 TI				Change Addition
NAME STREET ADDRESS			3.2 NAME	LADDRESS		
CITY-S1-7IP		3.4 CHY-ST-2				
TITLE		DELETE	4. 1 TIBLE		*	Change Addition
NAM:			4.2 NAME	1 ADOLLOC		
STREET ADDRESS CITY-ST-ZIP			4.4 COY-	LADOFESS S1 - 7/F		
TillE		☐ DELETE.	5 1 THLE	· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				LADDRESS CT. 705		
City-SI-7iP Title		DEFFE	5.4 CHY-1 6.1 THE	51-ZIP		Change Addition
NAME		—	6.2 NAME			
STREET ADDRESS			6.3 STREE	LADORESS		
CITY-ST-ZIP	and hat the information of the	A with this files, to exhibite the	6 4 City - :		for the exemption stated in Section 119.07(3)(x)	Florida Statutos I further
certify that oath; that I	the information indicated on this ar	mual report or supplemental and poration or the receiver or truste	nual report is tr ee empowered	ue and accum	ate and trial my signature shall have the same to als report as required by Chapter 607, Florida St	idal eflect as il made under

OFFICER OR DIRECTOR

20 mg 6 665-0350