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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90059 046 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S66226 1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

ALCAR II	NVESTMENTS, INC.										
Principal Place	e of Business	Mailing A	Address				1 18411018 118 85118 81119 11919 11918 8115 81811 BIRST	9(8() B)		* *************************************	
14253 SW 94 C	R. LANE	14253 SW	94 CR. LANE		•		•				
UNIT 101 UNIT 101							DO NOT WINES IN THE OF	ACE			
MIAMI FL 33186 MIAMI FL 33186								DO NOT WRITE IN THIS SPACE			
n							3. Date Incorporated or Qualifed 07/15/1991				
2. Principal P	lace of Business	2a. Mailir	ng Address				4. FEI Number		• •	ed For	
21		26					65-0277351	\perp		Applicable	
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.				5. Certifcate of Status Desired	v · ·	5 Add Regu	ditional	
22	· · · · · · · · · · · · · · · · · · ·	27						-		•	
City & Stat	е		& State				6. Election Campaign Financing		00 ма ed tó f	•	
23		28			ntn.		Trust Fund Contribution		ea to t	rees	
Zip	Country	Zip			untry		8. This corporation owes the current year Intang	Yes	Г)No	
24	9. Name and Address of Curre	29	Amana	30	1		Personal Property Tax. 10. Name and Address of New Registered Ag				
	9. Name and Address of Curre	nt Registered	Agent		81	Name	10. Italia ulla Aadrood di Mon Magazara				
	TAS, ALFREDO	•			82		Address (P.O. Box Number is Not Acceptable)				
	3 SW 94 CR. LANE							6 6 1		*	
UNIT					83		· · · · · · · · · · · · · · · · · · ·) - t \$ 1. 5	, <u>}</u>		
MIAN	AI FL 33186				84	City		85 2	ip Co		
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office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida Suc	ch change was	authorize	ea ov	the corbo	corporation submits this statement for the purpose of ch oration's board of directors. I hereby accept the appointn	nent a	s regis	stered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applica	ble (NO	E: Registere	ed Agen	nt signature re	equired when reinstating) DATE				
12.		ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	PD		☐ DELETE	1.1 1	MLE		Į	_ Chan	ige	Addition	
NAME	FLEITAS, ALFREDO			1.2 1	NAME						
STREET ADDRESS	14253 SW 94 CR LANE #101			1.3 8	STREET	FADDRÉSS	•				
CITY-ST-ZIP	MIAMI FL		·	1,4 (CITY-S	T-ZIP					
TITLE	SD		☐ DELETE	2.1 1	TITLE		L	_ Char	ige	☐ Addition	
NAME	FLEITAS, CARIDAD BLANCO			2.21	NAME						
STREET ADDRESS	14253 SW 94 CR LANE #101			2.3 5	STREET	FADORESS					
CITY-ST-ZIP	MIAMI FL	·		2.4	CITY-S	T-ZIP					
TITLE	1. 2	- p 18	DELETE	3.11	TITLE			Char	ige	☐ Addition	
NAME	John Line Committee Committee			3.21	NAME		, i				
STREET ADDRESS				3.3 \$	STREET	TADDRESS					
CITY-ST-ZIP				3.4.	CITY-S	T-ZIP					
TITLE			☐ DELETE	4.11	TITLE			Char	nge	Addition	
NAME				4.2	NAME		•		•		
STREET ADDRESS		•		4.3 5	STREET	T ADDRESS	·				
CITY-ST-ZIP	<u> </u> -			4.4 (CITY-S	T-ZIP	·				
TITLE			DELETE	5.11	TITLE		[Char	ige	☐ Addition	
NAME				5.21	NAME	ļ					
STREET ADDRESS	1			5.3 \$	STREET	TADDRESS					
CITY-ST-ZIP				5.4 (CITY-S	T-ZIP					
TITLE			☐ DELETE	6.13	TITLE			Char	nge	☐ Addition	
1	1			1 621	NAME						

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 like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

305-3860206

CR2E034 (11/98)