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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$77278

(7)

ALPHA GULF, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



5500 COLLINS AVENUE #1701 MIAMI BEACH FL 33140		5500 COLLINS AVENUE #1701 MIAMI BEACH FL 33140-2501					
					3. Date incorporated or Qualified 09/03/1991	3a. Date of L	
2. Principa! Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 999 S	OUTH_BAYSHORE_DR_	26 999 SOUTH BAYSHORE DR		65-0290749		Not Applicable	
Suite, Apt 1	F, etc	Suite, Apt. #, etc. 27 SUITE 1505		5, Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		.00 May Be	
23 MIAM	I, FLORIDA	28 MIAMI, FL	ORIDA		Trust Fund Contribution		ided to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for i		der s. 199.032,
24 33131		29 33131	30	USA	Florida Statutes 10. Name and Address of New Re	Yes No	
	g. Name and Address of Current I	Hegistered Agent	8	1 Name	10. Name and Address of New He	gistered Agent	
	ITELLO, LOUIS R		Ľ	i ivanio			
	BRICKELL AVE.		В	2 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)	
	E 1200		8	2			
MAIM	MI FL 33131	and the second	ľ	"	•		
) [4 City			Zip Code
11. Pursuant to office or reagent. Lar	o the provisions of Septions 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	and 607/1508, Florida Statel f Florida Such change was ons of Section 607 0505, Fl	tes, the abo authorized l orida Statut	ve-named corporations the corporations.	oration submits this statement for the pon's board of directors. I hereby accep	urpose of chang at the appointment	ing its registered int as registered
SIGNATURE	Signature, typed or puriled name of registered month	and title if applicable (NO1	TE: Registered A	gent signature require	S / ACAT Id when reinstating)	DATE	97
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	☐ DELETE	1.1 TITLE)	•	L.J Cha	ange 🔲 Addition
NAME	POLITANO, JONATHAN		1.2 NAM				
STREET ADDRESS	999 S. BAYSHORE DR., #1505		- 2	ET ADDRESS			
City-St-ZiP	MIAMI FL 33131	DELETE	1.4 CITY			1705	nean I Liddilian
THLE		L DELEGE	2.1 TITUE			L. Cha	ange 🔲 Addition
NAME			2.2 NAM	ļ			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZiP		DELETE	2.4 CITS 3.1 TITLE	-ST-ZIP		Ch	ange Addition
}		ביין סינניונ	3.1 III.	l l		L 018	arigo Muoritor
NAME STORE : ADDRESS				ET ADORESS			
STREET ADDRESS				1			
THUE		DELETE	4.1 TITLE	'-ST-ZIP		☐ Chi	ange Addition
NAME			4. 2 NAN	i i			
STREET ADDRESS				ET ADDRESS			
CITY-S1-ZIP				-ST-ZIP			
TITLE		DELETE	5.1 TITLE			Ch	ange Addition
NAME			5.2 NAM				
STREET ADDRESS			53 STRE	ET ADDRESS			
CITY - ST - ZIP			5.4 CITY	-ST-ZIP			
TITLE		DELETE	6.1 TITL			☐ Ch	ange 🔲 Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-SI-ZIP		and of the same of the same of the same of the same	6.4 CITY	-ST-ZIP			
information	by certify that the information supplied in indicated on this annual report or sufficer or director of the corporation or the Block 12 or Block 13 if changed, or c	pplemental annual report is ne receiver or trustee empor	true and ac Mered to ex	xemption stated curate and that ecute this report	in Section 119.07(3)(i), Florida Statute my signature shall have the same legs t as required by Chapter 607, Florida S	s. I further certify all effect as if mad Statutes; and that	/ that the de under oath; that timy name