

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S90201** (2)

1. Corporation Name  
**ALINCAR GROUP, INC.**



Principal Place of Business: **8640 SOUTHWEST 159TH STREET MIAMI FL 33157**  
Mailing Address: **8640 SOUTHWEST 159TH STREET MIAMI FL 33157**

3. Date Incorporated or Qualified: **10/28/1991**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business  
21 **14152 S.W. 74TH TER.**  
22 Suite, Apt. #, etc.  
23 City & State: **MIAMI, FL.**  
24 Zip: **33183**  
25 Country: **DADE**

2a. Mailing Address  
26 **14152 S.W. 74TH TER.**  
27 Suite, Apt. #, etc.  
28 City & State: **MIAMI**  
29 Zip: **33183**  
30 Country: **DADE**

4. FEI Number: **65-0294446**  
Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**GOBUS, A. RAOUL**  
**8640 SOUTHWEST 159TH STREET**  
**MIAMI FL 33157**

**10. Name and Address of New Registered Agent**

81 Name: **GOBUS, A. RAOUL**  
82 Street Address (P.O. Box Number is Not Acceptable): **14152 S.W. 74TH TERRACE**  
83  
84 City: **MIAMI** FL 85 Zip Code: **33183**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GOBUS, A. RAOUL	
STREET ADDRESS	<del>8640 S.W. 159TH STREET</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>14152 S.W. 74TH TERRACE</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33183</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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: **A. RAOUL GOBUS, PRESIDENT** 4-18-96 305-443-6303  
Date: 4-18-96 Daytime Phone #: 305-443-6303

CR2E034 (12/95)