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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$93633

(3)

ALRAMA ENTERPRISES, INC.

| Mar | 13 | 1997 | 8:00am |
|-----|-----|--------|---------|
| Se | cre | tary o | f State |

| Principal Plac 34842 MISSION | ARY RD | Mailing Address 6412 9TH ST N ST PETERSBURG FL 33702-6624 US | | | <u></u> | | | | | |
|---------------------------------|---|---|--------------------|----------------|--|---|--------------|----------------------|--------------|--|
| DADE OITY FL US | 33525 | | | | | Date Incorporated or Qu | ntified | 3a. Date of Last R | Appril - | |
| | | | | | " | 11/12/1991 | allingia | 02/23/1996 | ероп | |
| | lace of Business | 2a. Mailing Address | | | 4 | I. FEI Number | | | plied For | |
| 21 | | 26 | | | | 59-3094854 | | | t Applicable | |
| Suite, Apl. | ₩, BIC. | Suite, Apt. #, etc. | | | . 5 | Certificate of Status Desi | red [| \$8.75 / Fee Re | | |
| City & Stat | 8 | City & State | | | 6 | . Election Campaign Finar | ncing | \$5.00 | May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | Added (| | |
| Zip | Country | Z(p | Countr | У | 6 | I. This corporation has liab | | | . 199.032, | |
| 24 | 9. Name and Address of Curren | 29 | 30 | | | Florida Statutes Name and Address of N | | Yes No | | |
| All I | ER, CHARLES E | - Hogistered Agent | 81 | Name | | , Hame and Address Of t | ton nogia | iorod Agoni | | |
| 6412 9TH STREET NORTH | | | 82 | Stroot | cet Address (P.O. Box Number is Not Accep | | | | | |
| | PETERSBURG FL 33702 | | | | | 1 .O. DOX 110111DEL 16 1101 AC | | <u> </u> | | |
| | | | 83 | 3 | | | | | | |
| | | | 84 | City | | | | 85 Zip (| Code | |
| \$1 Purcuant | to the provisions of Soctions 607.060 | 2 and 607 1608 Florida Statu | tos the abov | o namod | 1 corporation | on submite this statement for | or the nur | FL of changing it | s registered | |
| office or r | to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Horida. Such change was | authorized b | y the cor | poration's | board of directors. I hereb | y accept the | he appointment as | registered | |
| SIGNATURE | arriamiliar with, and accopt the obliga | ations of doction dov.cood, 14 | Onda Olalot | .5. | | | | | | |
| SIGNATURE | Signature, typod or printed name of registered age | ······································ | II : Registered Ap | gent signaturo | c required whe | | | DATE | | |
| 12. | OFFICERS ANI | | 13. | | | ADDITIONS/CHANGES TO |) OFFICER | | | |
| TITLE | D Mora, Alicia P. | ☐ DELETE | 1.1 7/11(6 | | 1 | | | Change | Addition | |
| NAME Street address | 3230 S.W. 23RD COURT | | 1.2 NAME | T ADDRESS | | | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 1.3 STREE | | | | | | | |
| TITLE | D | ☐ DELETE | 2111111 | 57 111 | | | | Change | Addition | |
| NAME | MORA, RAUL L. | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | 3230 S.W. 23RD COURT | | 2.3 STREE | 1 ADDRESS | | | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 2. 4 CITY | \$1 - ZIP | | | | | | |
| TITLE | V\$ | ☐ DELE1E | 3.1 TITLE | | P A | ND S | | Change | Addition | |
| NAME | MCHUGH, ALICIA C. | | 3.2 NAME | | i | | | | | |
| STREET ADDRESS | 1801 S.W. 67TH TERRACE PLANTATION FL | | 1 | T ADDRESS | } | | | | | |
| CITY-ST-ZIP TITLE | T | DELETE | 3.4. City- | · \$1 - ZIP | - | - m | | X Change | Addition | |
| NAME | CROSBY, MARIA E. | <u></u> | 4. 2 NAMI | | VP : | S T | | 218 6 14 19 1 | | |
| STREET ADDRESS | 14045 PARADISE LANE | | I | I ADDRESS | | | | | | |
| CITY-ST-ZIP | DADE CITY FL | | 4.4 CITY - | | | | | | | |
| TITLE | P | X) DELETE | 5.1 TITLE | | | · · · · · · · · · · · · · · · · · · · | | Change | Addition | |
| NAME | MORA, RAUL F. | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | 13831 SHELIA LYNN CT | | 5.3 STREE | 1 ADDRESS | | | | | | |
| CITY-ST-ZIP | DADE CITY FL | | 54 CHY- | ST-7IP | <u> </u> | | | | · | |
| TITLE | | ☐ DELETE | 61 THEE | | - | | | Change | Addition | |
| NAME | | | 62 NAME | | [| | | | | |
| STREET ADDRESS | | | | T AUDRESS | | | | | | |
| CITY-ST-ZIP | ou partify that the information rupolice | Swith this Clien does not avail | 6.4 CITY- | | J | action (10 07(0)(i) Florida | Clabutas | further notifither | +h.a. | |

I do 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 eath; 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.