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

SIGNATURE:

Mar 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (3)ALO-USA, INC. Principal Place of Business Mailing Address 4995 NE 72 AVE 4995 NW 72 AVE SUITE 400 SUITE 400, DO NOT WRITE IN THIS SPACE MIAMI FL 33166 MIAMI 51 33166 US 3. Date Incorporated or Qualified 02/20/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0396344 150 ALHAMBRA CIRCLE 150 ALHAMBRA CIRCLE 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired **SUITE 1240** Fee Required **SUITE 1240** 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing CORAL GABLES, FL CORAL GABLES, FL Trust Fund Contribution 23 Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 33134 USA 33134 30 usa 24 25 20 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name
BRUCE, TUS I
Street Address (P.O. Box Number is Not Acceptable) BRUCE, TUSI 4995 NW 72ND AVE 82 150 ALHAMBRA CIRCLE SUITE 400 83 MIAMILEE 33196 **SUITE 1240** CORAL GABLES 84 Zip Code 33134 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) 12. OFFICERS AND DIFFECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE BRUCE, TUSI C. NAME 1.2 NAME 11350 SW 117 TER STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP SD DELETE Addition Change TITLE 2.1 TITLE PARKER, GENARO DELGADO 2.2 NAME 801 S. BAYSHORE DR. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE **CONDE, JOSE GARCIA** NAME 3.2 NAME 601 BRICKEL KEY 100 STREET ADDRESS 3.3 STREET ADDRESS **MIAM! FL 33131** CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE ☐ Chande Addition 41 TITLE TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 of trusted epropowered 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 or an attachment with praddressy.

TUSI BRUCE.

PRESIDENT

02-23-98

FILED

(10/97

(305) 507-4256