

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Gandara B. McWhorter  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 AM 11:34

DOCUMENT # **V59707** (2)  
1. Corporation Name  
**ALF'S YOGURT, INC.**

Principal Place of Business: **7149 SW 117 AVE MIAMI FL 33183 US**  
Mailing Address: **7149 SW 117 AVE MIAMI FL 33183 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/21/1992** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **65-0364445** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
B. This corporation has liability for intangible tax under § 199.037 Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State, Apt #, etc. 22 City & State. 23 Zip. 24 Country. 25  
2b. Mailing Address: 26 State, Apt #, etc. 27 City & State. 28 Zip. 29 Country. 30

9. Name and Address of Current Registered Agent  
**SOTO, EDGAR ALFONSO BARRIOS  
14447 S.W. 97TH ST.  
MIAMI FL 33186**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| OFFICE         | P                      |
| NAME           | BARRIOS, EDGAR ALFONSO |
| STREET ADDRESS | 14447 S.W. 97TH ST.    |
| CITY, ST. ZIP  | MIAMI FL               |
| OFFICE         | V                      |
| NAME           | DEBARRIOS, SARA MARIA  |
| STREET ADDRESS | 14447 SW 97TH ST       |
| CITY, ST. ZIP  | MIAMI FL               |
| OFFICE         |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY, ST. ZIP  |                        |
| OFFICE         |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY, ST. ZIP  |                        |
| OFFICE         |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY, ST. ZIP  |                        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |  |
|----------------|------------------------|--|
| OFFICE         |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BARRIOS, EDGAR ALFONSO |  |
| STREET ADDRESS |                        |  |
| CITY, ST. ZIP  |                        |  |
| OFFICE         |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY, ST. ZIP  |                        |  |
| OFFICE         |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY, ST. ZIP  |                        |  |
| OFFICE         |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY, ST. ZIP  |                        |  |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute the corporation's statement as has been defined under Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name were written. That I am qualified to exercise the duties of the registered agent as provided for under the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this document, or on an attachment thereto.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/28/95 (300) 595-6417