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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Martiam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V66493

(0)

1. Corporation Name

ALGHERO INVESTMENTS, INC.

Principal Place of Business

200 S.BISCAYNE BLVD.
SUITE 4800
MIAMI FL 33131

Mailing Address

200 S.BISCAYNE BLVD.
SUITE 4800
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS INC.
200 S. BISCAYNE BLVD.
SUITE 4800
MIAMI FL 33131

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 607.0502 and 607.1506, 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 the date when

Signature, typed or printed name of registered agent and the date when

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	DP	DAGO DEL, ROSA	200 S. BISCAYNE BLVD. (4800)		DV	DAGO DEL, CARMEN	200 S.BISCAYNE BLVD. (4800)
		MIAMI FL 33131			DS	DEL ROSA, ANGEL	200 S. BISCAYNE BLVD. (4800)
					DS	DEL ROSA, ALBERTO	200 S. BISCAYNE BLVD. (4800)
					D	DAGO DEL, MANUEL	200 S. BISCAYNE BLVD. (4800)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	DPS	DEL DAGO, ROSA	200 S. BISCAYNE BLVD., 4800		DVT	DAGO DEL, CARMEN	200 S. BISCAYNE BLVD., (4800)
						MIAMI, FL 33131	

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 the corporation or the register 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 to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 (305) 573-4000

CR2E034 (12/95)

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Apr 08, 1996 08:00 AM
Secretary of State

