

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 # **P93000020191 (1)**

1. Corporation Name

ALUFY INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

13340-G SW 91 TERR
MIAMI FL 33186

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MIAMI FL 33186

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

3. Date Incorporated or Qualified

03/12/1993

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0395839

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

10. Name and Address of New Registered Agent

ALUFOHAJ, DONNA L
13340-G SW 91 TERR
MIAMI FL 33186

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 607.1508, 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 reinsuring)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	D	ALUFOHAJ, DESMOND U	13340-G SW 91 TERR MIAMI FL 33186	<input type="checkbox"/>
	D	ALUFOHAJ, DONNA L	13340-G SW 91 TERR MIAMI FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME	<input type="checkbox"/>	<input type="checkbox"/>
13 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
14 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
22 NAME	<input type="checkbox"/>	<input type="checkbox"/>
23 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
24 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
32 NAME	<input type="checkbox"/>	<input type="checkbox"/>
33 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
34 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
42 NAME	<input type="checkbox"/>	<input type="checkbox"/>
43 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
44 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
52 NAME	<input type="checkbox"/>	<input type="checkbox"/>
53 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
54 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
62 NAME	<input type="checkbox"/>	<input type="checkbox"/>
63 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
64 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 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: *Donna L. Alufsthai*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/96

305-383-9584

CR2E034 (12/95)