

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mathiam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F20075 (0)**

1. Corporation Name  
**ALWEISS MANAGEMENT SERVICES, INC.**



Principal Place of Business: **225 WEST 21ST STREET HIALEAH FL 33010**  
 Mailing Address: **225 WEST 21ST STREET HIALEAH FL 33010**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **02/17/1981**  
 3a. Date of Last Report: **03/02/1995**  
 4. FEI Number: **59-2255777**  
 5. Certificate of Status Desired:   
 6. Election Campaign Financing Trust Fund Contribution:   
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **ALWEISS, IRA 225 WEST 21ST STREET HIALEAH FL 33010**  
 10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 607.0507 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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALWEISS, LOUIS	1.2 NAME	
STREET ADDRESS	225 WEST 21ST STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH, FLORIDA 0	1.4 CITY-STATE-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALWEISS, CELIA	2.2 NAME	
STREET ADDRESS	225 WEST 21ST STREET	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH, FLORIDA 0	2.4 CITY-STATE-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALWEISS, ALAN	3.2 NAME	
STREET ADDRESS	225 WEST 21ST STREET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH, FLORIDA 0	3.4 CITY-STATE-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALWEISS, IRA	4.2 NAME	
STREET ADDRESS	225 WEST 21ST STREET	4.3 STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH, FLORIDA 0	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 person 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **IRA ALWEISS**  
 4-1-96 (305) 885-2461

CR2E034 (12/95)