

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 26 Westward Dr Suite, Apt. #, etc	26 26 Westward Dr Suite, Apt. #, etc.
22 City & State Miami Springs, Fla	27 City & State Miami Springs, Fla.
23 Zip 33166	28 Zip 33166
25 Country Miami-Dade	29 Country Miami-Dade

3. Date Incorporated or Qualified 02/17/1981	
4. FEI Number 58-2255777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	26 Westward Dr
84 State	FL
85 Zip Code	33166

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: _____ DATE: _____
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

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-ST-ZIP	HIALEAH, FLORIDA 0	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALWEISS, CELIA	2.2 NAME	
STREET ADDRESS	225 WEST 21ST STREET	2.3 STREET ADDRESS	26 Westward Dr
CITY-ST-ZIP	HIALEAH, FLORIDA 0	2.4 CITY-ST-ZIP	Miami Springs, Fla. 33166
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALWEISS, ALAN	3.2 NAME	
STREET ADDRESS	225 WEST 21ST STREET	3.3 STREET ADDRESS	26 Westward Dr
CITY-ST-ZIP	HIALEAH, FLORIDA 0	3.4 CITY-ST-ZIP	Miami Springs, Fla. 33166
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALWEISS, IRA	4.2 NAME	
STREET ADDRESS	225 WEST 21ST STREET	4.3 STREET ADDRESS	26 Westward Dr
CITY-ST-ZIP	HIALEAH, FLORIDA 0	4.4 CITY-ST-ZIP	Miami Springs, Fla. 33166
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 as an attachment with an address.

SIGNATURE: _____

49-98 (305) 885-2461

CP2E034 (10/97)