

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

30 MAY 11 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000024109 (8)**

1. Corporation Name:
ALVAM INTERNATIONAL, INC.

Principal Place of Business:
**8439 NW 189TH STREET ROAD
MIAMI FL 33015**

Mailing Address:
**8439 NW 189TH STREET ROAD
MIAMI FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/24/1994** 3a. Date of Last Report:

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

4. FEI Number: 65-0480245	Applied For 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 has liability for intangible tax under s. 199.02, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~DUQUE, ALEX~~
**8439 NW 189TH STREET ROAD
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81. Name: **DUQUE, ALEXA**

82. Street Address (P.O. Box Number is Not Acceptable):

83. City:

84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 217.04, and 217.15(1), 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 Sections 217.04, Florida Statutes.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS

1. TITLE	PSTD
2. NAME	DUQUE, ALEX
3. STREET ADDRESS	8439 NW 189TH STREET ROAD
4. CITY, FL, ZIP	MIAMI FL 33015
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, FL, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, FL, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, FL, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	DUQUE, ALEXA	
3. STREET ADDRESS		
4. CITY, FL, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, FL, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, FL, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, FL, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.02(1)(b), Florida Statutes. I further certify that the information included 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 receive this report as required by Chapter 167, Florida Statutes, and that my name appears in Block 1, or Block 1, if changed, on an attachment with an address.

SIGNATURE: Alexa Duque

5/10/95 (905)262-2480