

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000092479 (2)
1. Corporation Name
ALVO CORPORATION

Principal Place of Business Mailing Address
601 BRICKELL KEY DR SUITE 501 MIAMI FL 33131-2651
601 BRICKELL KEY DR SUITE 501 MIAMI FL 33131-2651

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

FILED
95 JUL 21 PM 12:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/16/1994** 3a. Date of Last Report
4. FEI Number 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

9. Name and Address of Current Registered Agent
**DE CORDOBA, OTTO
601 BRICKELL KEY DR
SUITE 501
MIAMI FL 33131-2651**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)


12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE CORDOBA, OTTO
STREET ADDRESS	601 BRICKELL KEY DR SUITE 501
CITY - ST - ZIP	MIAMI FL 33131-2651
TITLE	D
NAME	SORZANO, JOSE S
STREET ADDRESS	5305 N LEE HWY
CITY - ST - ZIP	ARLINGTON VA 22207
TITLE	D
NAME	VINENT, PABLO
STREET ADDRESS	10626 SW 148 AVE DR
CITY - ST - ZIP	MIAMI FL 33156
TITLE	D
NAME	SANCHEZ, PABLO
STREET ADDRESS	401 EAST AVE A
CITY - ST - ZIP	BELLE GLADE FL 33430
TITLE	D
NAME	SANCHEZ, EDUARDO
STREET ADDRESS	348 W 38 ST APT 10-E
CITY - ST - ZIP	NEW YORK NY 10018
TITLE	P
NAME	SANCHEZ, ALVARO
STREET ADDRESS	773 FLEMING DR
CITY - ST - ZIP	BELLE GLADE FL 33430

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 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 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:  8/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR