

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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90014 024 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000002363  
 1. Corporation Name  
**ALVI'S FOOD SERVICE INC** ✓

Principal Place of Business Mailing Address  
**27810 S.W. 127 AVE**  
**NARANJA FLA 33032**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**Jan 1999**

4. FEI Number  
**261476168** ✓ 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **NARANJA FLA** 26 **27810 S.W. 127 AVE**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State  
**NARANJA FLA** **NARANJA FLA**

24 Zip 25 Country 29 Zip 30 Country  
**33032** **MIAM. DADE** **33032** **MIAM. DADE**

9. Name and Address of Current Registered Agent

**DICKIE C LUCAS GONZALES**  
**29707 S.W. 158 PL**  
**LEISURE CITY FLA 33033**

10. Name and Address of New Registered Agent

81 Name  
**DICKIE C LUCAS GONZALES**

82 Street Address (P.O. Box Number is Not Acceptable)  
**29707 S.W. 158 PL**

83

84 City **LEISURE CITY** FL 85 Zip Code **33033**

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 **Vickie C Lucas Gonzales** **Vickie C Lucas Gonzales** **4-22-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**  DELETE

NAME **Vickie C Lucas Gonzales**

STREET ADDRESS **29707 S.W. 158 PL**

CITY-ST-ZIP **LEISURE CITY FLA 33033**

TITLE **TRUSTEE**  DELETE

NAME **ALBERTHA NOTICE**

STREET ADDRESS **30365 S.W. 158 CT**

CITY-ST-ZIP **LEISURE CITY FLA 33033**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Vickie C Lucas Gonzales** **Vickie C Lucas Gonzales** **4-22-99** **305)258-6113**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)