

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR - 7 AM 11: 53

DOCUMENT # **S46220** (7)

1. Corporation Name
ALWY & COMPANY, INC.

Principal Place of Business	Mailing Address
2901 SW 31 AVENUE 6-8200 MIAMI FL 33133 US	2901 SW 31 AVENUE 6-8200 MIAMI FL 33133 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26 2801 SW 31 AVE
22 Suite Apt # etc	27 Suite, Apt. #, etc. Suite: B
23 City & State	28 City & State Miami Florida
24 Zip	29 Zip 33133
25 Country	30 Country USA

3. Date Incorporated or Qualified 04/12/1991	3a. Date of Last Report 06/27/1994
4. FEI Number 65-0326794	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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DE GAELLE, ALAIN
2801 SW 31 AVENUE
MIAMI FL 33133

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 reappointing)

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	DE GRELE, ALAIN
STREET ADDRESS	176 W. MASHTA DRIVE
CITY - ST - ZIP	KEY BISCAYNE FL
TITLE	VP
NAME	SHARPLES, DAVID
STREET ADDRESS	209 EAST ENID DRIVE
CITY - ST - ZIP	KEY BISCAYNE FL
TITLE	P
NAME	VISSHEDYK, ALLEY
STREET ADDRESS	873 NORTH SAN VICENTE BOULEVARD
CITY - ST - ZIP	W HOLLYWOOD CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(k), 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, checked, or on an attachment, with an address.

SIGNATURE: _____ DATE: **4/4/95** **305.446.2275**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR (Typed Name)