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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # F20075 (0)

1. Corporation Name
ALWEISS MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
225 WEST 21ST STREET HIALEAH FL 33010	225 WEST 21ST STREET HIALEAH FL 33010-2516

3. Date Incorporated or Qualified: 02/17/1981	3a. Date of Last Report: 04/05/1996
4. FEI Number: 59-2255777	☐ 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

2. Principal Place of Business — 21 ; Suite, Apt. #, etc. — 22 ; City & State ; Zip — 24 ; Country — 25

2a. Mailing Address — 26 ; Suite, Apt. #, etc. — 27 ; City & State — 28 ; Zip — 29 ; Country — 30

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
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 ______ 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	PD	☐ DELETE
NAME	ALWEISS, LOUIS	
STREET ADDRESS	225 WEST 21ST STREET	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	
TITLE	DVP	☐ DELETE
NAME	ALWEISS, CELIA	
STREET ADDRESS	225 WEST 21ST STREET	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	
TITLE	TD	☐ DELETE
NAME	ALWEISS, ALAN	
STREET ADDRESS	225 WEST 21ST STREET	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	
TITLE	SD	☐ DELETE
NAME	ALWEISS, IRA	
STREET ADDRESS	225 WEST 21ST STREET	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	
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		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 3-10-97 (305) 885-2461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #