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FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L78466** (4)  
1. Corporation Name  
**ALVAREZ & COMPANY, INC.**

Principal Place of Business  
**1602 E. 7TH AVE.  
TAMPA FL 33605**

Mailing Address  
**503 BARNES DRIVE  
BRANDON F 33511-8833  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/07/1990</b>	3a. Date of Last Report <b>04/19/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3009705</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ALVAREZ, JOSE A  
503 BARNES DRIVE  
BRANDON FL 33511**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, JOSE A</b>	1.2 NAME	
STREET ADDRESS	<b>503 BARNES DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL</b>	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, STEVEN M</b>	2.2 NAME	
STREET ADDRESS	<b>503 BARNES DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, JANET L</b>	3.2 NAME	
STREET ADDRESS	<b>503 BARNES DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	3.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, KEVIN J</b>	4.2 NAME	
STREET ADDRESS	<b>503 BARNES DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, RYAN V</b>	5.2 NAME	
STREET ADDRESS	<b>503 BARNES DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Steven Alvarez **STEVEN ALVAREZ** TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

813/689-1041  
Daytime Phone #