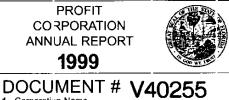
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretar / of State DIVISION OF CORPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90020 008 \*\*\*150.00

## 1. Corporation Name ALVAREZ, INC.

Principal Place	e of Business	Mailing Address									
4915 SR 207		7545 SR 207									
E1KTON FL 32033 US		STE 6				DO NOT WRITE IN THIS SPACE					
		ELKTON FL 32033 US			3. Date Incorporated or Qualified					7	
		•				06/02/	•	•			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Nur			I A	pplied For	1
	lace of Business	26			,	<b>59-3</b> 13				ot Applicable	-
Suite, Apt	# etc.	Suite, Apt. #, etc								Adc itional	
22	<i>n</i> , o.c.	27	<del>- •</del>			5. Certifcat	of Status Desired			equ red	
City & Stat	e	City & State				6 Flection (	Campaign Financing	1	\$5.00	May Be	1
23	_	28	•				d Contribution	<b>'</b> 🗆		to Fees	
Zip	Country	Zip	Cou	ntry			oration owes the cu	rrent year In a	angible		7
24	25	29	30			Persona Property Tax.		,	☐ Yes 🔀 No		
		Current Flegistered Agent				10. Name a	d Address of New	Registered	Agent		Ĩ
				81	Name						
ALVA	arez, James a			20	<u> </u>	(5.0.5)	i- Ni-k A				-
7545	SR 207			82 5	Street Add	ess (P.O. Box N	umber is Not Accep	nable)			
ELKI	TON			83							
ST.	AUGUSTINE FL 32033			<u>L</u>							_
				84 (	City			FL	85 Zip	Corle	
11 Pursuan	to the provisions of Sections (	607.0502 and 607.1508, Florida	Statutes the ab	bove-n	amed corre	oration submits	this statement for th	e purpose of	changing its	s registered	-
office or r	egistered agent, or both, in the	e State of Florida. Such change e obligations of, Section 607.050	was a⊾thorized	l by the	e corporati:	on's board of dire	ectors. I hereby acc	ept the appor	ntment as r	egis <sup>-</sup> ered	
SIGNATURE	Signature, typed or printed name of regis	stered agent ar d title if applicable.	(NOTE: Registered	Agent si	ignature require	d when reinstating)		DATE			<u></u>
12.	CFFICE	ERS AND DIRECTORS	13.			ADDIŢIOI	S/CHANGES TO C	FFICERS AL			ା ଛ
TITLE	DPS	DELE	TE 1.1 TIT	ΓLE					Change	Addition	ت   <sup>ا</sup>
NAME	James, Alvarez a		1.2 NA	ME							8
STREET ADDRESS	7545 SR 207		1.3 ST	REET AC	ODRESS						🗒
CITY-ST-ZIP	ELKTON FL 32033		1.4 CIT	TY-ST-Z	<u>IP</u>						CR2E034 (11/98)
TITLE	DPS		TE 2.1 TIT	ΓLE					Change	Addition	
NAME	JAMES ALVAREZ		2.2 NA	ME							ł
STREET ADDRESS	7545 SR 207		2.3 ST	REET AL	ODRESS						1
CITY-ST-ZIP	ELKTON FL 32033		2. 4 CI	ITY-ST-Z	ZIP						
TITLE		DELE	TE 3.1 TIT	ΓLE		-			Change	Addition	1
NAME			3 2 NA	ME							
STREET ADDRESS			3.3 ST	REET AC	ODRESS						
CITY-ST-ZIP			3.4 CI	ITY-ST-2	ZIP						
TITLE		☐ DELE							Change	Addition	п
NAME	-		4. 2 N/	AME	_						
STREET ADDRESS			4.3 ST	REETAL	ODRESS						
CITY-ST-ZIP			•	TY-ST-Z							-
TITLE		☐ DELE							Change	Addition	1
NAME			5.2 NA						_		
STREET ADDRESS				REET AD	ODRESS						
				TY-ST-Z							
CITY-ST-ZIP TITLE		DELE				· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition	7
			6.2 NA	ME	1						
NAME				REET AC	ODRESS						
STREET ADDRESS				TY-ST-Z							
CITY OF 710			■ 0.4 U.I								1

14. I hereby certify that the informaticn supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify that the information indicates on this annual report or supplemental annual report is five 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:

SIGNATURE AND TYPED OR PEINTED NAME OF SIGNING OFFICER OR DIRECTOR