

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 315356 (6)

1. Corporation Name
ALVA FIXTURES INC



Principal Place of Business: **1629-31 W 33RD PLACE SUITE 600 HIALEAH FL 33012 US**
Mailing Address: **3400 CORAL WAY STE 600 SUITE 600 MIAMI FL 33145-053 US**

3. Date Incorporated or Qualified: **04/04/1967**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1162900**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALVAREZ, ALBERTO
3400 CORAL WAY
SUITE 600
MIAMI FL 33145 -3053**

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 officer, director, or other authorized person

Date of Signature Agent's Qualification (Month/Day/Year)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ALVAREZ, ALBERTO		1.2 NAME:
STREET ADDRESS: 16525 NW 6 ST		1.3 STREET ADDRESS:
CITY- ST- ZIP: PEMBROKE PINES FL 33028		1.4 CITY- ST- ZIP: 33028
TITLE: STD	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ALVAREZ, ELSA		2.2 NAME:
STREET ADDRESS: 16525 NW 6 ST		2.3 STREET ADDRESS:
CITY- ST- ZIP: PEMBROKE PINES FL 33028		2.4 CITY- ST- ZIP: 33028
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:
STREET ADDRESS:		3.3 STREET ADDRESS:
CITY- ST- ZIP:		3.4 CITY- ST- ZIP:
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:
STREET ADDRESS:		4.3 STREET ADDRESS:
CITY- ST- ZIP:		4.4 CITY- ST- ZIP:
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:
STREET ADDRESS:		5.3 STREET ADDRESS:
CITY- ST- ZIP:		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:

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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 119.07(3)(k), 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: *Elsa Alvarez* **ELSA ALVAREZ** *March 8, 96 (305) 822-0852*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)