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**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Miriham \*

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 315356

ALVA FIXTURES INC

(6)

## **FILED** Jun 06 1997 8:00am Secretary of State



01 15 07 /205\446.2055

| Principal Place of Business 1629-31 W 33RD PLACE SUITE 600 HALEAH FL 33012 |                     |                        |                    |                     | Mailing Address 3400 CORAL WAY STE 600 SUITE 600 MIAMI FL 33145-3053 |                   |          |           |                 |   |   |                                    |            |               |                                |      |
|--|---------------------|------------------------|--------------------|---------------------|--|-------------------|----------|-----------|-----------------|---|---|------------------------------------|------------|---------------|--------------------------------|------|
| U\$  |                     |                        |                    | US                  |  |                   |          |           | 3.              | Date Incorporated or (<br><b>04/04/1967</b> | Qualified   | 3a. Date of Last Report 05/01/1996 |            |               |                                |      |
| 2. Principal P   | lace of Busin       | ess                    | -                  | 2a. h               | Mailing Address  | 5                 |          |           |                 |   | FEI Number<br><b>59-1162900</b>                                   |                                    |            |               | pplied For<br>lot Applicab     | ole  |
| Suite, Apt. #, etc.  |                     |                        |                    | Suite, Apt. #, etc. |  |                   |          |           |                 | 5.  | Certificate of Status D   | esired                             |            |               | Additional<br>tequired         |      |
| City & State   | e                   | 01-                    | 2                  | 8                   | City & State   | <del></del> -     |          |           |                 |   | Election Campaign Fir<br>Trust Fund Contributio                   | on                                 |            | Added         | May Be<br>to Fees              |      |
| Zip<br>24  |                     | Country 25 and Address |                    | 9                   | Zip  | 30                | Coul     | ntry      |                 |   | This corporation has li<br>Florida Statutes<br>Name and Address o | CX                                 | Yes [      | ] No          | s, 199.032,                    |      |
| ALV  | AREE, ALDE          | <del>erro</del>        | or ourront re      | Bisto               | red Ageilt   |                   |          | 81        | Name<br>AL VAR  |   |   | i Hely May                         | JIBOO DO P | gent          |                                |      |
| 8490<br><del>9U</del> F  | O CORAL W           | <del>/AV</del>         |                    |                     |  |                   |          | 82        | Street Act      | ldress (P.                                  | <ul> <li>O. Box Number is Not</li> </ul>                          | Acceptabl                          | 0)         |               |                                |      |
| MIA  | MI (% 00140         | <del>5-0050-</del>     |                    |                     |  |                   | Į        | 83<br>84  | SUITE           |   |   |                                    |            | <b>85</b> Zip | Code                           | _    |
| *  |                     | of Continu             | 6070500            | 1.603               | TERR CITAL   | 01-1              |          |           | MIAMI           | <b>.</b>                                    | 4   |                                    | FL         | 3.            | Code<br>3145                   |      |
| office or re   | egistered age       | ent, ar both, in       | the State of F     | lorida              | 1. Such change<br>Section 607.05                                     | was auti          | orizec   | l bv      | the corpor      | ration's bo                                 | submits this statemer<br>pard of directors. I her                 | eby accep                          | t the appo | sintment as   | its registered<br>s registered | 0    |
| SIGNATURE  | Signature, lyped of | or printed name of re  | ogistered agent an |                     | applicable.  | ELSA<br>(NOTE: PA | AL'      | VA<br>Age | REZ, P          | resid                                       | lent  | C                                  | 1-15-      | 97            |                                |      |
| 12.  |                     |                        | CERS AND DI        |                     | ORS  |                   | 13.      |           |                 | A   | DDITIONS/CHANGES  | TO OFFIC                           | ERS AND    | DIRECTO       | RS IN 12                       | 9    |
| TITLE  | 49                  |                        |                    |                     | <b>X</b> DELE  | IE .              | 1.1 117  | l F       |                 |   | ***   |                                    |            | Change        | Additio                        | on § |
| NAME   | ALVA ILE            | ALBEHIO-               |                    |                     |  |                   | 1.2 NA   | ME        |                 |   | •   |                                    |            |               |                                | 6    |
| STREET ADDRESS   | 10525 NV            |                        | 00000              |                     |  |                   | 1.3 ST   | REET      | ADDRESS         |   |   |                                    |            |               |                                | Į    |
| CITY-ST-ZIP  |                     | <del>(E PINES FL</del> | -00076             |                     |  |                   | 1.4 CIT  | Y - \$1   |                 |   |   |                                    |            | <u> </u>      |                                |      |
| TITLE  | SID                 | E1 0.1                 |                    |                     | ☐ DELET  | IE.               | 2.1 3(1  | LΕ        |                 | PSD   |   |                                    |            | Change        | ☐ Additio                      | on C |
| NAME   | ALVAREZ             |                        |                    |                     |  |                   | 2.2 NA   | ME        |                 | alvar                                       | EZ, ELSA  |                                    |            |               |                                |      |
| STREET ADDRESS   | 16525 NV            |                        | 00000              |                     |  |                   | 23 STI   | REFT      | ADDRESS         | 16525                                       | NW 6 STREET   |                                    |            |               |                                |      |
| CITY-ST-ZIP  | PEMBHUN             | KE PINES FL            | 33028              |                     |  |                   | 2. 4 Cr  |           | 1 - <b>Z</b> (P | PEMBR                                       | OKE_PINES, F  | 133                                | 028        |               |                                | _    |
| TITLE  |                     |                        |                    |                     | L_ DELET   | Ł                 | 3.1 1)1  |           |                 |   |   |                                    |            | ∐ Change      | ] Additio                      | on   |
| NAME   |                     |                        |                    |                     |  |                   | 3.2 NA   | ME        |                 |   |   |                                    |            |               |                                |      |
| STREET ADDRESS   |                     |                        |                    |                     |  |                   | 3.3 \$19 | REE1      | ADDRESS         |   |   |                                    |            |               |                                | - 1  |
| CITY-ST-ZIP  |                     |                        |                    |                     |  |                   | 3.4 CI   |           | T-ZIP           |   |   |                                    |            |               |                                |      |
| TITLE  |                     |                        |                    |                     | DELET  | lt                | 4.1 111  | LE        |                 |   |   |                                    |            | Change        | Additio                        | on   |
| NAME   |                     |                        |                    |                     |  |                   | 4 2 NA   | ME        |                 |   |   |                                    |            |               |                                |      |
| STREET ADDRESS   |                     |                        |                    |                     |  |                   | 4.3 51   | REET      | ADDRESS         |   |   |                                    |            |               | •                              | }    |
| CITY-ST-ZIP  |                     |                        |                    |                     |  |                   | 4.4 CIT  | Y-S       | T-7IP           |   |   |                                    |            |               |                                |      |
| TITLE  |                     |                        |                    |                     | DELET  | Ł                 | 5.1 TIT  |           |                 |   |   |                                    |            | Change        | Additio                        | on   |
| NAME   | i                   |                        |                    |                     |  |                   | 5.2 NA   | ME        |                 |   |   |                                    |            |               |                                |      |
| STREET ADDRESS   |                     |                        |                    |                     |  |                   | 5.3 STI  | REET.     | ADDRESS         |   |   |                                    |            |               |                                |      |
| CITY-ST-ZIP  |                     |                        | ··                 |                     |  |                   | 5.4 CIT  | Y-\$      | 1-2IP           |   |   |                                    | <b></b>    |               |                                |      |
| TITLE  |                     |                        |                    |                     | DELET  | re                | 6.1 TIT  | LF_       | ]               |   |   |                                    |            | Change        | Additio                        | on   |
| NAME   |                     |                        |                    |                     |  |                   | 6.2 NA   | ME        |                 |   |   |                                    |            |               |                                |      |
| STREET ADDRESS   |                     |                        |                    |                     |  |                   | 6.3 ST   | REET      | address         |   |   |                                    |            |               |                                |      |
| CITY-ST-7IP  |                     |                        |                    |                     |  |                   | 6 a CIT  | V_01      | 1. 2iP          |   |   |                                    |            |               |                                |      |

14. I do hereby certify that the information supplied with this filling 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 receivor 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.