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Mar 19 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 # 383788 (7)

1. Corporation Name
LOU ALWEISS AND SONS, INC.



Principal Place of Business
225 W. 21 ST.
HIALEAH FL 33010

Mailing Address
225 W. 21 ST.
HIALEAH FL 33010-2516

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1971	3a. Date of Last Report 04/05/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-1371450		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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent ALWEISS, IRA 225 W. 21 ST. 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 further agree 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALWEISS, LOUIS	1.2 NAME	
STREET ADDRESS	225 W. 21 ST.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH FL	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALWEISS, CELIA	2.2 NAME	
STREET ADDRESS	225 W. 21 ST.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH FL	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALWEISS, IRA	3.2 NAME	
STREET ADDRESS	225 W. 21 ST.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: _____ DATE: 3-10-97 TELEPHONE: (305) 885-2461

CR2E034 (9/96)