

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 383788 (7)**  
 1. Corporation Name  
**LOU ALWEISS AND SONS, INC.**



Principal Place of Business <b>225 W. 21 ST. HIALEAH FL 33010</b>	Mailing Address <b>225 W. 21 ST. HIALEAH FL 33010</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 26 Westward Dr</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 26 Westward Dr</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/11/1971</b>	
22 City & State <b>23 Miami Springs, Fla.</b>		27 City & State <b>28 Miami Springs, Fla.</b>		4. FEI Number <b>59-1371450</b>	
24 Zip <b>33166</b>		25 Country <b>Miami-Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 Zip <b>33166</b>		29 Country <b>Miami-Dade</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>ALWEISS, IRA 225 W. 21 ST. HIALEAH FL 33010</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ALWEISS, IRA 225 W. 21 ST. HIALEAH FL 33010</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>26 Westward Dr.</b>	
				83	
				84 City <b>Miami Springs</b>	
				85 Zip Code <b>FL 33166</b>	

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	<b>PO</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALWEISS, LOUIS</b>	1.2 NAME	
STREET ADDRESS	<b>225 W. 21 ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALWEISS, CELIA</b>	2.2 NAME	
STREET ADDRESS	<b>225 W. 21 ST.</b>	2.3 STREET ADDRESS	<b>26 Westward Dr</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	2.4 CITY-ST-ZIP	<b>Miami Springs, Fla. 33166</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALWEISS, IRA</b>	3.2 NAME	
STREET ADDRESS	<b>225 W. 21 ST.</b>	3.3 STREET ADDRESS	<b>26 Westward Dr.</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	3.4 CITY-ST-ZIP	<b>Miami Springs, Fla. 33166</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<b>26 Westward Dr</b>
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	

14. I 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: \_\_\_\_\_ **4-9-98 (305) 885-2461**

CR2E034 (10/97)