

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 528291

(8)

1. Corporation Name

ALVARIKOKES, INC.

Principal Place of Business

2 S. BISCAYNE BLVD.
3400 ONE BISCAYNE TOWER
MIAMI FL 33131

Mailing Address

2 S. BISCAYNE BLVD.
3400 ONE BISCAYNE TOWER
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt., etc.

State, Apt., etc.

22

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City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC
2 S. BISCAYNE BLVD.
3400 ONE BISCAYNE TOWER
MIAMI FL 33131

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 602.0600 and 602.1500, 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, thereby accept the appointment as registered agent. I am further voting and accept the obligations of Section 602.1500, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	PTD	ALVAREZ, JAIME	2 S. BISCAYNE BLVD. MIAMI FL	☐ DELETE			
	VSD	DE ALVAREZ, CARMEN	2 S. BISCAYNE BLVD. MIAMI FL	☐ DELETE			
	AS	VALDES-FAULI, RAUL E	2 S. BISCAYNE BLVD. MIAMI FL	☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
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				☐ Change ☐ Addition			
				☐ Change ☐ Addition			

14. I do hereby certify that the information supplied with this filing was truly furnished by me. I do not qualify for the exemption under Section 110.07(3)(b), Florida Statutes. I further certify that the information stated on this form is true and correct to the best of my knowledge and belief, 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 business, or authorized to execute this statement as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changes to or additions to or deletions to.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jaime Alvarez

3/12/96 (305) 376-6000

CR2E034 (12/95)