

FILED  
Apr 15 1998 8:00am  
Secretary of State

**DOCUMENT # 528291 (8)**  
1. Corporation Name  
**ALVARIKOKES, INC.**

Principal Place of Business	Mailing Address
2 S. BISCAYNE BLVD. 3400 ONE BISCAYNE TOWER MIAMI FL 33131	2 S. BISCAYNE BLVD. 3400 ONE BISCAYNE TOWER MIAMI FL 33131

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
<b>22</b>		<b>27</b>	
	City & State		City & State
<b>23</b>		<b>28</b>	
	Zip		Zip
<b>24</b>		<b>29</b>	
	Country		

3. Date Incorporated or Qualified	
02/14/1977	
4. FEI Number	Applied For
59-1815781	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**g. Name and Address of Current Registered Agent**

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

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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 requesting agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, JAIME	
STREET ADDRESS	2 S. BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DE ALVAREZ, CARMEN	
STREET ADDRESS	2 S. BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VALDES-FAULI, RAUL E	
STREET ADDRESS	2 S. BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	7000002489377
4.3 STREET ADDRESS	-04/15/98--01042--014
4.4 CITY - ST - ZIP	***150.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	25
5.4 CITY - ST - ZIP	4.15
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	7000002489377
6.3 STREET ADDRESS	-04/15/98--01042--015
6.4 CITY - ST - ZIP	***8.75

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.

CP2E034 (10/97)