

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001526681
-06/29/95--01027--009
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 595923 (4)

1. Corporation Name

ALCAZAR ENTERPRISES, INC.

Principal Place of Business

8798 S.W. 8TH STREET
SUITE 1
MIAMI, FL 33174

Mailing Address

8798 S.W. 8TH STREET
SUITE 1
MIAMI, FL 33174

3. Date Incorporated or Qualified

11/30/1978

3a. Date of Last Report

02/11/1994

4. FEI Number

59-2006929

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

24 Zip 25 Country

City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

FORMENT, ROBERTO
2000 S. DIXIE HIGHWAY
SUITE 113
MIAMI, FL 33133

10. Name and Address of New Registered Agent

81 Name FERNANDEZ, DORITA C.
82 Street Address (P.O. Box Number is Not Acceptable)
8798 S.W. 8TH STREET
83 SUITE 1
84 City MIAMI FL 85 Zip Code 33174

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/18/95
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME FORMENT, ROBERTO
STREET ADDRESS 2000 S. DIXIE HWY #113
CITY-ST-ZIP MIAMI, FL 00000

TITLE S
NAME SHERRILL, ALLEN E.
STREET ADDRESS 2000 S. DIXIE HWY #217
CITY-ST-ZIP MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D Change Addition
1.2 NAME COUTTENYE, BLANCA KEY DE ✓
1.3 STREET ADDRESS 8798 S.W. 8TH STREET #1 ✓
1.4 CITY-ST-ZIP MIAMI, FL 33174

2.1 TITLE V/D Change Addition
2.2 NAME COUTTENYE, INGERBORG DE ✓
2.3 STREET ADDRESS 8798 S.W. 8TH STREET #1 ✓
2.4 CITY-ST-ZIP MIAMI, FL 33174

3.1 TITLE T/D Change Addition
3.2 NAME COUTTENYE B., FRANS ✓
3.3 STREET ADDRESS 8798 S.W. 8TH STREET #1 ✓
3.4 CITY-ST-ZIP MIAMI, FL 33174

4.1 TITLE S Change Addition
4.2 NAME DEL COLLADO, ANTOLIN ✓
4.3 STREET ADDRESS 8798 S.W. 8TH STREET #1 ✓
4.4 CITY-ST-ZIP MIAMI, FL 33174

5.1 TITLE VS Change Addition
5.2 NAME FERNANDEZ, DORITA C. ✓
5.3 STREET ADDRESS 8798 S.W. 8TH STREET #1 ✓
5.4 CITY-ST-ZIP MIAMI, FL 33174

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

REMITTED BY MAY 1

CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DORITA C. FERNANDEZ

APR 13 1995 (305) 553-8904

LINE Daytime Phone #