


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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 595923 (4)  
1. Corporation Name  
ALCAZAR ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8798 S.W. 8TH ST. SUITE 1 MIAMI FL 33174	Mailing Address 8798 S.W. 8TH ST. SUITE 1 MIAMI FL 33174
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/30/1978 4. FEI Number 59-2006929 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 type="checkbox"/> No	
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9. Name and Address of Current Registered Agent FERNANDEZ, DORITA C 8798 S.W. 8TH ST. SUITE 1 MIAMI FL 33174				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	
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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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NAME COUTTENYE, BLANCA KEY DE STREET ADDRESS 8798 S.W. 8TH ST. #1 CITY-ST-ZIP MIAMI FL 33174	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD NAME COUTTENYE, INGERBORG STREET ADDRESS 8798 S.W. 8TH ST. #1 CITY-ST-ZIP MIAMI FL	1.2 NAME	
TITLE	T NAME FERNANDEZ, DORITA C. STREET ADDRESS 8798 S.W. 8TH ST. #1 CITY-ST-ZIP MIAMI FL	1.3 STREET ADDRESS	
TITLE	S NAME DEL COLLADO, ANTOLIN STREET ADDRESS 8798 S.W. 8TH ST. CITY-ST-ZIP MIAMI FL 33174	1.4 CITY-ST-ZIP	
TITLE	V NAME JUAN CARLOS COUTTENYE STREET ADDRESS 8798 S.W. 8TH ST #1 CITY-ST-ZIP MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		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 registered 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:  DORITA C. FERNANDEZ APR - 1 1998 305-553-8904

CR2E034 (10/97)