

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 599801 (8)

1. Corporation Name

ALVA INTERNATIONAL INC.



Principal Place of Business

221 SW 22ND AVE.
SUITE 100
MIAMI FL 33135

Mailing Address

221 SW 22ND AVE.
SUITE 100
MIAMI FL 33135

3. Date Incorporated or Qualified

02/09/1979

3a. Date of Last Report

01/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, NESTOR

~~221 SW 22ND AVE. STE 100 X~~
~~MIAMI FL 33135~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3971 S.W. 8th Street Suite 209

83

84

City

Coral Gables

FL

85

Zip Code

33134

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME: PT
ALVAREZ, JOSE
STREET ADDRESS: 6089 ALTON ROAD
CITY-ST-ZIP: MIAMI BCH. FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME: VS
ALVAREZ, ARACELY
STREET ADDRESS: 6089 ALTON ROAD
CITY-ST-ZIP: MIAMI BCH. FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:

3.2 NAME
3.3 STREET ADDRESS

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:

4.2 NAME
4.3 STREET ADDRESS

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:

5.2 NAME
5.3 STREET ADDRESS

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:

6.2 NAME
6.3 STREET ADDRESS

TITLE ☐ DELETE

6.4 CITY-ST-ZIP

NAME:
STREET ADDRESS:

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 119.07(3)(k), 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:

Aracely Alvarez - VS.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-96 (305) 642-4800
Date Daytime Phone #

CR2E034 (12/95)