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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F16333

(9)

2a. Mailing Address

Suite, Apt. #, etc.

ALVAREZ AND LOPEZ CORPORATION

|--|--|--|--|--|

FILED

Mar 03 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address

4817 NORTH HALE AVENUE TAMPA FL 33614-6517

Mailing Address

4817 NORTH HALE AVENUE TAMPA FL 33614-6517

26

3.	Date Incorporated or Qualified			
	01/27/1981	_		
4.	FEI Number		Applied For	
	59-2051263		Not Applicab	
5.	Certificate of Status Desired		\$8.75 Additional	

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent
ALVAREZ, PEDRO R
4817 NORTH HALE AVENUE
TAMPA FL 33614-6517

		Personal Property Tax due June 30.	Yes	s 🗹 No
		10. Name and Address of New Register	red Agent	t
81	Name		<u>_</u>	
82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
83				

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		nor 5					
			Registered Agent signature required when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I		
TITLE	PD] DELETE	1.1 TITLE		Change	Addition	
NAME	alvarez, pedro r		1.2 NAME				
STREET ADDRESS	4817 N. HALE AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33614-6517		1.4 CITY - ST - ZIP				
TITLE	VSD] DEL e te	2.1 TITLE		☐ Change	Addition	
NAME	Lopez, felix m		2.2 NAME				
STREET ADDRESS	4817 N. HALE AVENUE		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33614-6517		2.4 CITY-ST-ZIP				
TITLE		DELETÉ	3.1 THILE		☐ Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. GITY - ST - ZIP				
TITLE] DELETE	4.1 TITLE		☐ Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE) DEL e te	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				

14. Thereby 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 postupor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapped or on an althoursent with an entire that the postupor of the corporation of the postupor or trustee and the postupor of the corporation of the postupor or trustee and the postupor of the corporation of the postupor of trustee and the postupor of the postup

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PICALATURE. A PROPERTY WITH A PROPERTY OF THE PROPERTY OF THE

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