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FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J16820 (9)

1. Corporation Name

ALVARO'S ITALIAN AMERICAN SPECIALTIES, INC.

Principal Place of Business

9614 PINES BLVD
PEMBROKE PINES FL 33024

Mailing Address

9614 PINES BLVD
PEMBROKE PINES FL 33024-6240

3. Date Incorporated or Qualified

05/27/1986

3a. Date of Last Report

02/26/1996

4. FEI Number

59-2678630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ALVARO, FRANK
9614 PINES BLVD.
PEMBROKE PINES FL 33024

81. Name

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

83.

84. City

FL

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 registered agent and title if applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

P
NAME ALVARO, FRANCIS
STREET ADDRESS 9614 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL 33024

☐ DELETE

V
NAME ALVARO, CATERINA
STREET ADDRESS 9614 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL 33024

☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do 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.

SIGNATURE:

Francis Alvaro

1/29/97 (90) INC. 0747

CR2E034 (9/96)