Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90051 040 ***150.00

PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K35332

1. Corporation Name

ALVIMER	INC.								
Principal Place	of Business	Mailing Address					IB SIBS BIOSE BEREI BE	Ell Bibli Bi	811 81811 1881
9020 N.W. 12TH MIAMI FL 33172 US	ST.	9020 N.W. 12TH ST. MIAMI FL 33172 US	9020 N.W. 12TH ST. MIAMI FL 33172			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
_						09/28/1988 4. FEI Number		Llan	olied For
2. Principal Pl	ace of Business	2a. Mailing Address			1	65-0080298		-+-	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	11 *	8.75 A Fee Rec	
22		27						 `	`
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country Zip		Country			8. This corporation owes the curre	ınt year Intangil		
24	25	25 29 30				Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered Ager	<u> 1t</u>	
				81 Name		•			ļ
FERN 9020		82 Street Addr			s (P.O. Box Number is Not Accepta	ble)			
MIAMI FL 33172				83	·	***			
				84 City				Zip C	Code
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	'	7 1	1 **
11.' Pursuant i office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	2 and 607.1508, Florida Statu of Florida. Such change was a tions of, Section 607.0505, Flo	es, the at uthorized rida Statu	ove-named by the corpo tes.	corpora oration's	ation submits this statement for the s board of directors. I hereby accep	purpose of char t the appointme	iging its i nt as reg	registered j jistered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NOTE	: Registered	Agent signature r	required w	hen reinstating)-	DATE		i
12.		D DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFF	FICERS AND D	IRECTO	RS IN 12
TITLE	PS	☐ DELETE	1.1 111	E				Change	☐ Addition
NAME			1.2 NA	ME					
STREET ADDRESS			1.3 ST	REET ADDRESS		•			
CITY-ST-ZIP			1.4 CIT	1.4 CITY-ST-ZIP					
TITLE			2.1 TIT					Change	Addition
NAME	· · · · · · · · · · · · · · · · · · ·		2.2 NA	WE					ĺ
STREET ADDRESS			2.3 ST	REET ADORESS			`\		l
CITY-ST-ZIP ~			2.4 CI	Y-ST-ZIP		·			
TITLE			3.1 717	LE				Change	☐ Addition
NAME	FERNANDEZ, JOSE R.		3.2 NA	MÉ					l
STREET ADDRESS	9020 N.W. 12TH ST.		3.3 ST	REET ADDRESS			í		
CITY-ST-ZIP	MIAMI FL 33172		3.4, CI	TY-ST-ZIP		<u> </u>			
TITLE		☐ DELETE	4.1 TIT	LĒ				Change	☐ Addition
NAME			4.2 N	ME	1				}
STREET ADDRESS			4.3 ST	REET ADORESS					
CITY-ST-ZIP			4.4 CI	Y-ST-ZIP		<u> </u>			
πιε		□ DÉLETE	5.1 TIT			,	.□	Change	☐ Addition
NAME			5.2 NA			•			
STREET ADDRESS	•		1	REET ADDRESS	1				ļ
CITY-ST-ZIP				Y-ST-ZIP				01	
TITLE		DELETE	6.1 🚻					Change	☐ Addition {
NAME			6.2 NA	ME	1				•

CITY-ST-ZI₽ 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: