

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 OCT -2 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 76132
1. Corporation Name
16050 COLLINS AVE CORP.

Principal Place of Business Mailing Address
13101 N.W. 27 Ave. 13101 N.W. 27 Ave.
MIAMI, FL 33167 MIAMI, FL 33167

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0112057		Applied For Tax Applicable	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May B. Added to Fees	
23 Zip		28 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		30 Country					

9. Name and Address of Current Registered Agent
FERNANDO ALVAREZ
9316 HARDING AVE.
SURFSIDE, FL 33141

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

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: *Fernando Alvarez* 9-29-98
Signature (typed or printed name of registered agent and title if applicable) (Date) (Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS	
TITLE	President <input type="checkbox"/> DELETE
NAME	FERNANDO ALVAREZ
STREET ADDRESS	9316 HARDING AVE.
CITY- ST- ZIP	SURFSIDE, FL 33141
TITLE	VICE-President <input type="checkbox"/> DELETE
NAME	GONZALO ALVAREZ
STREET ADDRESS	970 ABBOT AVE
CITY- ST- ZIP	MIAMI BEACH, FL 33141
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	800002658268
23 STREET ADDRESS	-10/07/98--01096--012
24 CITY- ST- ZIP	****750.00 ****750.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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: *Fernando Alvarez*

8-24-98

CR2E034 (10/97)