

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

019635

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90111 001 ***150.00

DOCUMENT # L35835

1. Corporation Name
ALUVEN, INC.

Principal Place of Business

C/O JORGE RAWICZ
2100 PONCE DE LEON BLVD. #750
CORAL GABLES FL 33134

Mailing Address

C/O JORGE RAWICZ
2100 PONCE DE LEON BLVD. #750
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1989

4. FEI Number

65-0163731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9415 SUNSET DRIVE

2a. Mailing Address

26

Suite, Apt. #, etc.

22 111

Suite, Apt. #, etc.

27

City & State

23 MIAMI, FL

City & State

28

Zip Country

24 33133 25

Zip Country

29 30

9. Name and Address of Current Registered Agent

RAWICZ, JORGE
2100 PONCE DE LEON BLVD.
#750
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **JORGE RAWICZ**

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

9415 SUNSET DRIVE,

83 **SUITE 111**

84 City **MIAMI**

FL

85 Zip Code **33133**

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

TITLE **D** ☐ DELETE

NAME **RAWICZ, JORGE**
STREET ADDRESS **2100 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ DELETE

NAME **RAWICZ, HELENA**
STREET ADDRESS **2100 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/99

Date

Daytime Phone #

CR2E034 (11/98)