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**Apr 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **M06699** (6)

1. Corporation Name
ALVAREZ DEVELOPMENT CO., INC.



Principal Place of Business: 2601 S. BAYSHORE DRIVE, SUITE 1600, MIAMI FL 33133, US

Mailing Address: 2601 SOUTH BAYSHORE DRIVE, SUITE 1600, MIAMI FL 33133-5413, US

3. Date Incorporated or Qualified: **10/19/1984**

3a. Date of Last Report: **07/05/1996**

2. Principal Place of Business: 1505 W. 23 St., Suite, Apt. #, etc. **Sunset Island #3**, City & State **Miami Beach, FL**, Zip **33140**, Country **USA**

2a. Mailing Address: 1505 W. 23 St., Suite, Apt. #, etc. **Sunset Island #3**, City & State **Miami Beach, FL**, Zip **33140**, Country **USA**

4. FEI Number: **59-2474180**

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **SCHWARTZ, BENJAMIN S.**, 2601 SOUTH BAYSHORE DRIVE, SUITE 1600, MIAMI FL 33133

10. Name and Address of New Registered Agent: 81 Name **David Shapiro**, 82 Street Address (P.O. Box Number is Not Acceptable) **1505 W. 23 St.**, 83 **Sunset Island #3**, 84 City **Miami Beach** FL 85 Zip Code **33140**

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: *David Shapiro* **David Shapiro** DATE: **3/31/97**

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, BENJAMIN S.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE #1600	
CITY - ST - ZIP	MIAMI FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 in an attachment with an address

SIGNATURE: *Benjamin S. Schwartz* **Benjamin S. Schwartz** Date: **3/24/97** Daytime Phone #: **(305) 666-5588**

CR2E034 (9/96)