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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:26

DOCUMENT # M12270 (8)

1. Corporation Name
SALES/ALVIN, INC.

Principal Place of Business	Mailing Address
850 IVES DAIRY RD STE T42A MIAMI FL 33179	850 IVES DAIRY RD STE T42A MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1985	3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-2503811	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 has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business (21):
Street Address (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Street Address (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

WALTZER, CRAIG A.
20801 BISCAYNE BOULEVARD
FOURTH FLOOR
AVENTURA FL 33180

10. Name and Address of New Registered Agent

(31) Name:
(32) Street Address (P.O. Box Number is Not Acceptable):
(33):
(34) City: FL (35) Zip Code:

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1607, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
(36)	DP	(36)	☐ Change ☐ Addition
(37) NAME	WALTZER, ALVIN	(37) NAME	
(38) STREET ADDRESS	875 N.E. 195 ST., #211	(38) STREET ADDRESS	
(39) CITY, ST, ZIP	MIAMI FL	(39) CITY, ST, ZIP	
(40)	DS	(40)	☒ Change ☐ Addition
(41) NAME	TAVLIN, M. ROBERT	(41) NAME	Delete
(42) STREET ADDRESS	1700 N. 47 AVE.	(42) STREET ADDRESS	
(43) CITY, ST, ZIP	HOLLYWOOD FL	(43) CITY, ST, ZIP	
(44)		(44)	☐ Change ☐ Addition
(45) NAME		(45) NAME	
(46) STREET ADDRESS		(46) STREET ADDRESS	
(47) CITY, ST, ZIP		(47) CITY, ST, ZIP	
(48)		(48)	☐ Change ☐ Addition
(49) NAME		(49) NAME	
(50) STREET ADDRESS		(50) STREET ADDRESS	
(51) CITY, ST, ZIP		(51) CITY, ST, ZIP	
(52)		(52)	☐ Change ☐ Addition
(53) NAME		(53) NAME	
(54) STREET ADDRESS		(54) STREET ADDRESS	
(55) CITY, ST, ZIP		(55) CITY, ST, ZIP	
(56)		(56)	☐ Change ☐ Addition
(57) NAME		(57) NAME	
(58) STREET ADDRESS		(58) STREET ADDRESS	
(59) CITY, ST, ZIP		(59) CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing, pursuant to and required by Section 607.0122(6), Florida Statutes, is accurate. 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 with an asterisk.

SIGNATURE: ALVIN WALTZER
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

1/9/95 (Date) 305-652-8880 (Daytime Phone)

0100706 CP