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CORPORATION ANNUAL REPORT



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

DOCUMENT # P94000024109 (8)

FILED Jun 17 1997 8:00am Secretary of State

Principal Place of Business 403 WN 188TH STREET ROAD MAMI R, 33015 2. Principal Place of Business 2. Malling Address 2. Malling Address 3. Calla hospopalated or Qualified 3. Calla hospopalated 3	ALVAM INTERNATIONAL, INC.					·• O4 #	11 PLD (61 1 0 F		
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DUQUE, ALEXA 8439 NW 189TH STREET ROAD MIAMI FL 33015 82 Silvest Address (P.O. Box Number is Not Acceptable) 83 Silvest Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 807.0502 and 807.1508. Florida Statutes, the above-named cooperation submits this startment for the purpose of changing its registered agent, or both, in the State of Florida. Submitted by the corporation's board of directors. I hereby accept the appointment as registered agent, if an except the obligations of, Section 807.0507 and Statutes. SIGNATURE		 		uy				x under s	199.032,
DUQUE, ALEXA 8439 NW 189TH STREET ROAD MAMI FL 33015 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 657,1508, Florida Statutes, the above-named corporation submits this statement for the pursose of changing its registered agent, i am registered agent, in the State of Florida. Such change was surforized 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 607,0502 finds Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE DUQUI, ALEXA STREET ADDRESS A439 NW 189TH STREET ROAD IT INTE DUQUI, ALEXA STREET ADDRESS A439 NW 189TH STREET ROAD ISTREET ADDRESS CITY-ST-ZIP MIAMI FL Change TITLE DELETE 3.1 INTL 2.2 NAME 3.1 STREET ADDRESS CITY-ST-ZIP TITLE DUQUI, ALEXA 3.1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 INTL 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 INTL 2.3 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 INTL 3.1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 INTL Change Addition Addition Addition MAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 INTL Change Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition Change Addition Addition Addition Addition Change Addition	9. Name and Address of Current			·····-		10. Name and Address of Ne	w Registered A	gent	
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MIAMI FL 33015 83			. 8	32 Stre	et Addres	s (P.O. Box Number is Not Accep	otable)		
The prevent 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 607.0502, Florida Statutes. SIGNATURE			L _e	33					
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Regressive per freed arms of regressed speak and their all policiosis. 12.		n 607.0505, Florida Statutes.							
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). 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 shanged, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPES OR PRINTED NAME OF BISHING OFFICER OR DIRECTOR

8/97 (305)329-077.