

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

FILED

May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000053456 (7)

1. Corporation Name

ALVI OFFICES, INC.



Principal Place of Business 10302 N.W. S. RIVER DR. BAY NO. 23 MEDLEY FL 33178 US	Mailing Address 8257 S.W. 107TH AVE. SUITE D MIAMI FL 33173 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10300 Sunset Drive Suite, Apt. #, etc. 22 Suite # 207-B City & State 23 Miami, Fl Zip 24 33173 Country 25 USA		2a. Mailing Address 26 10300 Sunset Drive Suite, Apt. #, etc. 27 Suite # 207-B City & State 28 Miami, Fl Zip 29 33173 Country 30 USA		3. Date Incorporated or Qualified 07/15/1994 4. FEI Number 65-0511417 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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
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9. Name and Address of Current Registered Agent

IGLESIAS, INGRID
8257 S.W. 107TH AVE.
SUITE D
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name	IGLESIAS INGRID
82 Street Address (P.O. Box Number is Not Acceptable)	8259 SW 107 th. AVE
83 Suite #	D
84 City	Miami
85 Zip Code	FL 33173

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 take it apply at the

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	IGLESIAS M., ALVARO	1.2 NAME	Iglesias Alvaro
STREET ADDRESS	8257 S.W. 107TH AVE., SUITE D	1.3 STREET ADDRESS	8259 SW 107 av suite # D
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33173
TITLE	D	2.1 TITLE	D
NAME	IGLESIAS, INGRID	2.2 NAME	IGLESIAS INGRID
STREET ADDRESS	8257 S.W. 107TH AVE., SUITE D	2.3 STREET ADDRESS	8259 SW 107 AV Suite # D
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami Fl 33173
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

04/24/98

CR2E034 (10/97)