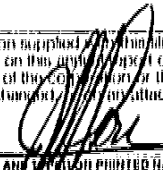


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 MAR 31 AM 10:58	
DOCUMENT # P94000055968 (9)				
1. Corporation Name ALWET, INC.				
Principal Place of Business 740 MICHIGAN AVE SUITE 9 MIAMI BEACH FL 33139		Mailing Address 740 MICHIGAN AVE SUITE 9 MIAMI BEACH FL 33139		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 21 1500 Bay Road S Bldg		3a. Mailing Address 26 65-0508 956		
22 APT 316		4. FEI Number 65-0508 956		
23 MIAMI BEACH FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
24 33139		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
25 DATE		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No		
9. Name and Address of Current Registered Agent PEREZ, JULIO C 740 MICHIGAN AVE SUITE 9 MIAMI BEACH FL 33139		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when mandating) DATE _____				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	☒ Change ☐ Addition	
NAME	PEREZ, JULIO C	1.2 NAME		
STREET ADDRESS	740 MICHIGAN AVE SUITE 9	1.3 STREET ADDRESS	1500 Bay Road S Bldg # 316	
CITY - ST - ZIP	MIAMI BEACH FL 33139	1.4 CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE		2.1 TITLE	☐ Change ☐ Addition	
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - ST - ZIP		2.4 CITY - ST - ZIP		
TITLE		3.1 TITLE	☐ Change ☐ Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP		3.4 CITY - ST - ZIP		
TITLE		4.1 TITLE	☐ Change ☐ Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), Florida Statutes. I further certify that the information indicated on this 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.				
SIGNATURE: 		3-27-95		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		