CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000005507 (5) Jan 15 1998 8:00am Secretary of State

alvai	REZ & ASSOCIATES, INC.									
Principal Plac	e of Business	Mailin	g Address				-	ISSE MAIÆE RISON DISON	i Barti (adi 1891	
608 GARDENS DRIVE 201 608 GARDENS DRIVE 201 POMPANO BEACH FL 33069 POMPANO BEACH FL 3306					69		DO NOT WRITE IN TH	HIS SPACE		
							3. Date Incorporated or Qualified			
							01/18/1995			
Principal Place of Business 2a. Mailing Address							4. FEI Number	A	oplied For	
21		26	26				65-0552993	_ N	Not Applicable	
Suite, Apt.	#, etc.	27 Su					5. Certificate of Status Desired		Additional Required	
City & Stat	e	Cit	City & State				6. Election Campaign Financing) Мау Ве	
23		28					Trust Fund Contribution		to Fees	
Zip	Country	- 	Zip Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24 25 25 25 Name and Address of Curren		29			0		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
		nt negistere	eu Agent		81	Name	IU. Haine and Address of New Hegister	ca rigidit		
	ALVAREZ, JUDITH A									
608 GARDENS DRIVE 201					82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
ļ •	POMPANO BEACH FL 33069				83					
					84	City	F	~1 _ '	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-no office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signaly Typed or printed name of registered agent and like if applicable. (NOTE: Registered Agent's							ad when reinstating) DA	7/4/ TE		
12.	OFFICERS AN	ID DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS			
TATLE	P		☐ DELETE	1.1 T				Change	Addition	
NAME	ALVAREZ, JUDITH A.			1.2 N/						
STREET ADDRESS 608 GARDENS DRIVE 201				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
CITY-ST-ZIP	POMPANO BEACH FL 330	69	DELETE	1.4 CI 2.1 TI		- ZIP		Change	Addition	
TITLE	į		- Descrie	2.1 II				ccango		
NAME						ADDRESS				
STREET ADDRESS					ITY-ST					
CITY-ST-ZIP			DELETE	3.1 TI		1-711		Change	Addition	
NAME				3.2 N				Ť		
STREET ADDRESS						ADDRESS				
CITY-SI-ZIP					ITY-ST	1				
TITLE			☐ DELETE	4.1 Ti				☐ Change	Addition	
NAME				4.21	IAME					
STREET ADDRESS				4.3 S	TREET A	ADDRESS				
CITY-ST-ZIP			_	4.4 C	ITY-ST	- ZIP				
TITLE			DELETE	5.1 TI	TLE			Change	Addition	
NAME				5.2 N	AME					
STREET ADDRESS				5.3 S	TREET A	ADDRESS				
CITY - ST - ZIP				5.4 C	TY-ST	- ZiP			P 1 2 2 2 2 2	
TITLE			☐ DELETE	6.1 Ti	TLE			Change	Addition	
NAME				6.2 N	AME					
STREET ADDRESS				6.3 S	TREET A	ADDRESS				
CITY - ST - ZIP				6.4 C	ITY-ST	- ZIP	0 11 110 07(0)(2) E 11 0 11 11 11 11 11 11 11 11 11 11 11 1		- 1.7	
14. I hereby	certify that the information supplied v	with this filing	g does not qualify t	or the ex-	empti	ion stated in S	Section 119.07(3)(i), Florida Statutes. I furthe	er certify that th	ie 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 or 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 nar Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: