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FILED  
Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000033676 (4)

1. Corporation Name

JOE ALVAREZ & ASSOCIATES, INC.

Principal Place of Business

834 N. UNIVERSITY DRIVE  
SUITE 306  
CORAL SPRINGS FL 33071

Mailing Address

834 N. UNIVERSITY DRIVE  
SUITE 306  
CORAL SPRINGS FL 33071-7029

3. Date Incorporated or Qualified  
04/25/1995

3a. Date of Last Report  
03/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
65-0579041

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

9. Name and Address of Current Registered Agent

ALVAREZ, JACKIE  
834 N. UNIVERSITY DRIVE  
SUITE 306  
CORAL SPRINGS FL 33071

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

*Jackie Alvarez*

Jackie Alvarez, Secretary

3-10-97

(Signature, typed or printed name of registered agent and address if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME ALVAREZ, JOE  
STREET ADDRESS 1880 BARCELONA TERRACE  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ DELETE  
NAME ALVAREZ, JACKIE  
STREET ADDRESS 1880 BARCELONA TERRACE  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☒ DELETE  
NAME SHAW, ROWLAND JOSEPH  
STREET ADDRESS 16900 SOUTH WEST 87TH COURT  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☒ DELETE  
NAME ALVAREZ, GEORGE A  
STREET ADDRESS 9300 WEST FLAGLER #101  
CITY-ST-ZIP MIAMI FL 33174

TITLE ☒ DELETE  
NAME DAVIS, ROSA M  
STREET ADDRESS 9775 SOUTH WEST 50TH STREET  
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

*Jackie Alvarez* Jackie Alvarez

3-10-97

954-975-

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CR2E034 (9/96)