

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

APPROVED  
AND  
FILED

97 MAY -1 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000036732 (2)

1. Corporation Name  
"ALVAREZ PLUS, INC."



Principal Place of Business

2300 CORAL WAY  
MIAMI FL 33145

Mailing Address

2300 CORAL WAY  
MIAMI FL 33145-3511

3. Date Incorporated or Qualified  
05/10/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

22 # 200

City & State

23 MIAMI FLORIDA

Zip

24 33145

Country

25 US

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

27 # 200

City & State

28 MIAMI FLORIDA

Zip

29 33145

Country

30 US

4. FEI Number

65-0586158

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

FLORIDA ANNUAL REPORT SERVICE INC.  
2300 CORAL WAY  
#200  
MIAMI FL 33145

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the printed name of the registered agent and title if applicable

AMADA CANTERA LOPEZ, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ALVAREZ, RAMON  
STREET ADDRESS 1301 S.W. 42ND AVE.  
CITY - ST - ZIP MIAMI FL 33134  
☐ DELETE

TITLE SD  
NAME ALVAREZ, YOLANDA  
STREET ADDRESS 1301 S.W. 42ND AVE.  
CITY - ST - ZIP MIAMI FL 33134  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
100002167551-15  
-05/06/97--01075--009  
\*\*\*\*\*165.00 \*\*\*\*\*165.00  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

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:

RAMON ALVAREZ, PRES

Date

Daytime Phone #

CR2E034 (9/96)