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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000036732 (2)

APPROYED AND FILED

98 MAR 30 PM 12: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

"ALVAF	REZ PLUS, INC."								
Principal Place of Business Mailing Address					t roombon and total ordin both	90111 <b>30</b> 111 <b>30</b> 18 <b>8</b>	ANCO BIRAN KODBU (INIU PIKI	1561	
2300 CORAL WAY 2300 CORAL WAY #200 #200 MIAMI FL 33145 MIAMI FL 33145					DO NOT	WRITE IN THIS	S SPACE		
					<ol> <li>Date Incorporated or Qua 05/10/1995</li> </ol>	lified		}	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied	For	
21 2300 CORAL WAY 26 2300 CORAL WA			WAY		65-0586158		Not App		
Suite, Apt. #, etc. Sulle, Apt. #, etc.				Certificate of Status Desir	ed 🔲	\$8.75 Addition	onal		
22 #200 27 #200 City & State City & State					6. Election Campaign Finance	ine	<del> </del>		
23 MIAM					Trust Fund Contribution	."'g	\$5.00 May Added to Fee		
Zip	Country	Zip	Countr	,	8. This corporation owes or	•	' '	le	
24 3314	5 25 U.S.		0 U.S	<u> </u>	Personal Property Tax du		Yes No		
<u> </u>	9. Name and Address of Curren	<del></del>	81	Liblania	10. Name and Address of N	ew Registered	Agent		
1 PLONIDA MINIONE REPORT SERVICE INC.				Name					
#200 CORAL WAT			82	Street A	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33145			83						
			84	City		Fl	85 Zip Code		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named	corporation submits this statement for			stered	
office or r	to the provisions of Sections 607.050 egisterod agept of both, in the State mantikal with high apopp the oppor	of Florida. Such change was aut ations of, Section 607,0505, Flori	thorized b da Statute	y the corp	poration's board of directors. I hereby	accept the ap	pointment as regist	tered	
SIGNATURE		/ // \//ax\			OPEZ/PRES.	3/22	-1 9K		
	Signature. What without and or regulated agg			ent signature		DATE	1-	6	
12.	OFFICERS AND	D DIRECTORS  DELETE	13. 1.1 TITLE	— т	ADDITIONS/CHANGES TO	OFFICERS AN		12 S	
NAME	ALVAREZ, RAMON	<del>-</del>		Ĭ			Change	YOURISH	
STREET ADDRESS	4004 O W. 40ND AVE		1.2 NAME	1 ADDRESS	40000		Š		
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TITLE	SD			51-2IF	-04/	10 <mark>2/93(</mark>	JHHHHUSA	Addition C	
NAME	ALMARES VOLANDA		2.2 NAME	Ì	<b>未</b> 申申	*150.0n	****150.i	nn l	
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STREET ADDRESS			3.3 STREF	T ADDRESS				ł	
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NAME			4, 2 NAME	ų.					
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MAME			5.2 NAME	* *DDDccc					
TREET ADDRESS			l	7 ADDRESS	maln U				
CITY-ST-ZIP TITLE	<del></del>	DELETE	5.4 CITY-:	SI-ZIP	M3[30		Change .	Addition	
NAME		Land Difference	6.2 NAME	ľ	Do.			. admon	
STREET ADDRESS				T ADDRESS	1			1	
CITY-ST-ZIP			64 CITY-						
	ertify that the information supplied w	ith this filing does not qualify for			d in Section 119.07(3)(i), Florida Stati	utes. I further c	ertify that the inform	nation	

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(). 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 officer or director of the composition 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 chapter, or on an attachment with appendices.

SIGNATURES FOR A

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3/22/98