

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000036732

1. Corporation Name

"ALVAREZ PLUS, INC."

Principal Place of Business

2300 CORAL WAY
#200
MIAMI FL 33145

Mailing Address

2300 CORAL WAY
#200
MIAMI FL 33145

2. Principal Place of Business

21 2300 CORAL WAY
Suite, Apt #, etc.

22 SUITE # 200
City & State

23 MIAMI FLORIDA
Zip Country

24 33145 25 U.S.

2a. Mailing Address

26 2300 CORAL WAY
Suite, Apt #, etc.

27 SUITE # 200
City & State

28 MIAMI FLORIDA
Zip Country

29 33145 30 U.S.

9. Name and Address of Current Registered Agent

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

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 my obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent at the end of this page

AMADA CANTERA LOPEZ, PRES.

(NOTE: For Agent Signature, include last name, first name, and middle initial)

12. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

Ramon Alvarez

APPROVED
AND
FILED
99 APR -9 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1995

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 owes the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Add

100002837011-1

-04/12/99-01137-016

****150.00 ****150.00

[] Change [] Add

[] Change [] Add

[] Change [] Add

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Amada

3/27/99

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