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

APPROVED AND FILED
98 JUN -4 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000041241

1. Corporation Name
ALVIN VALLEY, INC.

Principal Place of Business / Mailing Address
350 LINCOLN Rd #325
MIAMI BCH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 350 LINCOLN ROAD	2a. Mailing Address: 26 350 LINCOLN ROAD
Suite, Apt #, etc: 22 325	Suite, Apt #, etc: 27 325
City & State: 23 MIAMI BCH FL	City & State: 28 MIAMI BCH FL
Zip: 24 33139 — Country: 25 US	Zip: 29 33139 — Country: 30 US

3. Date Incorporated or Qualified: 7/10/95
4. FEI Number: 65-0586925 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
Jeff Price
1424 OCEAN DR. #103
MIAMI BCH FL 33139

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	ALVIN VALLEY	1 2 NAME	900002557629--0
STREET ADDRESS	350 LINCOLN Rd #325	1 3 STREET ADDRESS	-06/12/98--01004--019
CITY-ST-ZIP	MIAMI BCH FL 33139	1 4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	VICE PRES ☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	Scott Albert	2 2 NAME	
STREET ADDRESS	350 LINCOLN Rd #325	2 3 STREET ADDRESS	
CITY-ST-ZIP	MB FL 33139	2 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

§ 6/4

CR2E034 (10/97)

14. I 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: [signature] 6/2/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #