

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

APPROVED
AND
FILED

97 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000044753 (8)

1. Corporation Name
ALVAREZ & ALVAREZ ENTERPRISES INC.

Principal Place of Business

3899 N.W. 7TH ST.
SUITE 203
MIAMI FL 33126

Mailing Address

3899 N.W. 7TH ST.
SUITE 203
MIAMI FL 33126-5551

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 US

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.
27 SUITE # 200

City & State
28 MIAMI FLORIDA

Zip Country
29 33145 30 US

3. Date Incorporated or Qualified

06/09/1995

3a. Date of Last Report

02/28/1996

4. FEI Number

65-0592657

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, JUAN U
3899 N.W. 7TH ST.
SUITE 203
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY, SUITE # 200

83

84 City MIAMI

FL

85 Zip Code 33145

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

AMADA CANTERA LOPEZ, PRES

4/23/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PO
STREET ADDRESS ULISES JUAN,
CITY- ST- ZIP 3899 M.W. 7TH ST, SUITE 203
MIAMI FL 33126

TITLE ☐ DELETE
NAME VD
STREET ADDRESS ALVAREZ, RAFAEL
CITY- ST- ZIP 3899 M.W. 7TH ST, SUITE 203
MIAMI FL 33126

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
11 TITLE
12 NAME
13 STREET ADDRESS 200002168652--0
14 CITY-ST- ZIP -05/06/97--01143--016
****165.00 ****165.00

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST- ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)