

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 # **P95000044753**

1. Corporation Name

ALVAREZ & ALVAREZ ENTERPRISES INC.

Principal Place of Business

**2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

Mailing Address

**2300 CORAL WAY
SUITE 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 SERVICES, INC.
2300 CORAL WAY
SUITE 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, subject to the 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

Signature typed or printed name of registered agent or stockholder

AMADA CANTERA LOPEZ, PRES.

12. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

3000002861073-0
-05/04/99-01043-017
******150.00 ****150.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN O. ALVAREZ, PRES

APPROVED
AND
FILED

99 APR 30 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1995

4. FEIN number

65-0592657

Applies 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

0217067

CR2E034 (11/98)