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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P95000054599 (2)

ALVAR SERVICES, INC.

Mailing Address

FILED May 12 1997 8:00am Secretary of State



320 N.W. 10TH AVE. MIAMI FL 33128	,30	320 N.W. 10TH AVE. MIAMI FL 33128-1219			·				
					3. Date incorporated or Qualified 3a. Date of 07/14/1995 05/01/			of Last Report	
2. Principal Place of Bus		2a. Mailing Address		•	4. FEI Number		A	oplied For	
	14 STAGGT	26 3315 NU	143	REST	65-0594487			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired			Additional Required	
City & State 23 ///A///	FL	City & State 28 M/AH/	R		6. Election Campaign Financing Trust Fund Contribution	' <u>п</u>		May Be I to Fees	
Zip 33/4 5	Country 25	Zip 33/45	30 Countr	y 	This corporation has liability Florida Statutes	Yes [] No	s. 199.032,	
	ne and Address of Curren	t Registered Agent		т ::	10. Name and Address of New	Registered A	gent	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
alvarez, ju			B1	Name					
320 N.W. 10TH AVE. MIAMI FL 33128				Street Add	dress (P.O. Box Number is Not Acces	Mable)			
			84			FL	85 Zip	Code 3/25	
11. Pursuant to the prov	isions of Sections 607.050	2 and 607.1508, Florida Statu	Ites, the abov	e-named cor	rporation submits this statement for the ation's board of directors. I hereby ac	, —			
agent I am familio	with find accept he obliga	ations of, Section 607.0505, F	lorida Statute	s.	ation's coard or directors, I mereby at	cept the appu	A -	a registered	
SIGNATURE	i hung		UAN J		INPEZ Urled when reinstating)	04/89/	<u>97 </u>	, , 	
Signature Typ	OFFICERS AND		13.	ent signature requ	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	
THE PVD	OTTOCHO VOL	DELETE	1.1 TITLE	22	POT		Change		
	EZ, JUAN J		1.2 NAME	r		1-4-			
	W. 10TH AVE.		1,3 STREE	T ADDRESS	315 NW 14 STAGE 11AH) PL 381A5	<i>r</i>			
CITY-SI-ZIF MIAMI	FL 33128		1.4 CITY -	ST-ZIP	VAMI PL 38195				
TOTALE		☐ DELETE	2.1 TITLE				Change	Addition	
NAME.			2.2 NAME						
STREET ADDRESS			2.3 SYREE	T ADDRESS					
DIBY+ST-ZIP			2.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T AODRESS					
Cify - S1 - ZiP			3.4. CITY -	ST-ZIP					
TITLE		DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME	: 1	4.4.				
STREET ADDRESS			4.3 STREE	T ADDRESS	fair 1				
CITY - ST - ZIP			4.4 CITY-	ST-ZIP	·				
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADORESS					
CITY -ST - ZIP			54 CITY-	ST-ZIP					
TITLE		☐ DELETE	61 TITLE				☐ Change	Addition	
NAME			62 NAME						
STREET ADDRESS	_		63 STREE	T ADDRESS					
CITY- S1-ZIP	\cap	\	6.4 CITY-						
14 I do horoby postdy 8		All this filling door not give			ad in Section \$10.07/3)(i) Florida Sta	tutos I furthor	cortification	at the	

4. 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the controllion on the peceiver 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, on on the period of the controllion of the c

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1 NUMBER MESIDEUX 04/29/97 (305)637-038