

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

APPROVED
AND
FILED
" AMENDED

99 DEC 30 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075842

1. Corporation Name

ALVAREZ RICARDO, CORP.

Principal Place of Business

2300 SW 23 STREET
MIAMI FL 33145
US

Mailing Address

2300 SW 23 STREET
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1995

4. FEI Number

65-0614305

Applied For

Not Applied For

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

2. Principal Place of Business

21 2300 Coral Way
Suite, Apt. #, etc.

22 Suite # 200
City & State

23 Miami, Florida

24 33145 25 U.S.

2a. Mailing Address

26 2300 Coral Way
Suite, Apt. #, etc.

27 Suite # 200
City & State

28 Miami, Florida

29 33145 30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 Coral Way, Suite 200
Miami, Florida 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 the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and used if applicable.

AMADA CANTERA LOPEZ, Pres.

DATE

12/17/99

(NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS

1. TITLE P ☒ DELETE
2. NAME ALVAREZ, JUAN U
3. STREET ADDRESS 200 SW 12th Avenue
4. CITY-ST-ZIP Miami, FL 33130

5. TITLE ☐ DELETE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE ☐ DELETE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE ☐ DELETE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE ☐ DELETE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P ☒ Change ☐ Add
2. NAME RIOS, MIRIAM
3. STREET ADDRESS 13880 SW 65th Terr.
4. CITY-ST-ZIP Miami, FL 33183

5. TITLE ☐ Change ☐ Add
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Add
10. NAME
11. STREET ADDRESS 700003095387--4
12. CITY-ST-ZIP -01/12/00--01006--005
*****61.25 *****61.25

13. TITLE ☐ Change ☐ Add
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Add
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Add
22. NAME
23. STREET ADDRESS
24. 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/99

Signature Phone #