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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P95000094379 (1)**

FILED Apr 15 1997 8:00am Secretary of State

1. Corporation Name ALVI IMPORT CORPORATION Principal Piace of Business Mailing Address 9015 S.W. 27 STREET MIAMI FL 33165 MAILING Address MIAMI FL 33165-3207					· ·				
						3. Date Incorporated or Qualified 12/11/1995	4	of Last Re	eport
,	lace of Business	2a. Mailing Ad	Idress			4. FEI Number	K	Ap	plied For
21] Suite, Apt	# C*C	26 Suite, Apt.	#.etc.			65-0742626		\$8.75 A	t Applicable
22		27	.,			5. Certificate of Status Desired		Fee Re	
City & State	C	City & Stat	е			6. Election Campaign Financing		\$5.00	
23	Country	28	r	Country	,	Trust Fund Contribution	<u> </u>	Added t	
24	25	29	-	30	•	8. This corporation has liability for I	intangibie ta] Yes 🔀		199.032,
	9. Name and Address of Curr			81		10. Name and Address of New Re			
MENDEZ, NICOLAS O					Name				
9015 S.W. 27 STREET				82	82 Street Address (P.O. Box Number is Not Acce			<u>-i</u>	
MIA	MI FL 33165			83					-
•				84	City		FL	85 Zip (Code
SIGNATURE	Signative, typed or proted name of registered	~				oration submits this statement for the prion's board of directors. I hereby accepted when renstating) ADDITIONS/CHANGES TO OFFIC	DATE		
111.6	P		DELETE	1 1 TITLE	1	ADDITIONO/CHANGEO TO CITTLE	····	Change	Addition
NAME	MENDEZ, NICHOLAS O			1.2 NAME					
STREET ADDRESS				1.E HEARL	1				
STREET ADMINESS	9015 S.W. 27 ST			1.3 STREET	1 ADDRESS				
C-TY - S1 - ZIP	9015 S.W. 27 ST MIAMI FL 33165			1.3 STREET	1			-	
CiTY - ST - ZiPi Tit ^y LF			DELETE	1.3 STREET 1.4 CHY-5 2.1 TITLE	1			Change	Addition
Crty+St+7/F Title NAME			DELETE	1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME	ST-ZIP			Change	Addition
CTY-SI-70P TITLE NAME STREET ACCRESS			DELETE	1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	ST-ZIP			Change	Addition
C(TY+ST+7)F) TI*LF NAME			DELETE	1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME	ST-ZIP			Change	Addition
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CHY-SI-ZIP TITH NAME STREET ACCIPING CHY-SI-ZIP TITH				1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ST-ZIP I ADDRESS ST-ZIP I ADDRESS				
CTY+ST-ZIP TITLE NAME STREET ACCRESS CTY+ST-ZIP TITLE NAME STREET ACCRESS GEY+ST-ZIP			DELETE	1.3 STREET 1.4 CITY - 5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY - 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY - 1	ST-ZIP I ADDRESS ST-ZIP I ADDRESS			Change	☐ Addition
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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 #