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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026510 (3)

F.J. ALVARADO, CORP.

Principal Place	of Business
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Mailing Address

9561 FONTAINEBLEU BLVD. #115 MIAMI FL 33172 9561 FONTAINEBLEU BLVD. #115 MIAMI FL 33172-6842

FILED Apr 25 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified 3a. Date of Last Report								
									03/26/1996						
2.	Principal Pl	ace of Busin	ess	2a	 Mailing Address 	SS				4. FEI Number	_	<u> </u> _		olied For	
21				26	26					65-0655 785 Not Appli					
	Suite, Apt. (#, etc.		27	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required					
	City & State	3		28	City & State			-	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
	Zip	[Country 25	29	Zip	30	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes V No					
~7	9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent						
	TOD	OROFF, LI	17 A				81	Nam	e						
			EBLEU BLVD. #1	145				/00 5							
		MI FL 3317		113			82	Stree	et Address (P.O. Box Number is Not Acceptable)						
	WWW	MI I E 0017	•				63								
							84	City			FL	85	Zip C	ode	
	agent. I ar	to the provisi egistered ag m familiar wi	ons of Sections 60 ent, or both, in the th, and accept the	7.0502 and 0 State of Flor obligations o	607,1508, Florida ida. Such chang of, Section 607.0	Statutes, the e was author 505, Florida l	abov ized b Statute	e-name y the c s.	ed corporation	oration submits this statement for the p on's board of directors. I hereby acce	ourpose of pt the appo	chang intme	ing its nt as r	registered egistered	
SI	GNATURE	Signature, typed	or printed name of registe	ned agent and till	le if applicable.	(NOTE: Regis	lered Ag	ont signa	ure require	ed when reinstating)	DATE.				
12			OFFICER	S AND DIRE	and the second s		3.			ADDITIONS/CHANGES TO OFFIC					
TIT	LE	PTVD			☐ DEU	TE 1	.1 7(1) E					Cha	inge	☐ Addition	
NA	VIE .	ALVARAI	DO, FRANCISCO	J		1	.2 NAME								
STF	REET ADDRESS	s 9561 FONTAINEBLEU BLVD. #115				1	.3 STREE	ADDRES	s						
CIT	Y-ST-ZIP						.4 CITY-	SI - ZIF							
TIT	LE	S			☐ DEL	FTE 2	31101.8					Cha	inge	Addition	
NAI	ME	TODORO	FF, LUZ A			2	2 NAME								
STE	REET ADDRESS	9561 FO	NTAINEBLEU BL	VD. #115		2	.3 STREE	I ADDRES	s						
CIT	Y-57-21P	MIAMI FI	L 33172			2	. 4 CITY-	ST - 7:P							
TIT	LE				☐ DEL	FTE 3	1 TITLE					L Cha	inge	Addition	
NAI	ME					3	2 NAME		1						
STE	REET ADDRESS					3	.3 S1HEE	I ADDRES	S						
CIT	Y-ST-ZIP					3	.4. CP:Y-	\$1 - 712							
ŤIT	LE				☐ DEL	ETE 4	L1 TITLE					L Chi	ange	Addition	
NA	ME					4	. 2 NAME							•	
STE	REET ADDRESS						.3 STREE	T ADDRES	s						
CIT	Y-ST-ZIP						.4 CHY-	\$1 - ZIP							
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TIT					Det	ETE 6	SA TOLE		1			Ch	ange	Addition	
NA					•		2 NAME								
	REET ADDRESS						3 STREE	T ADDRES	s						
	Y-ST-ZIP					- 1	4 CiTY-								
44	I do boro	bu portifu the	t the information of	unhad with	this filing does n				stated	in Section 119 07(3)(i) Florida Statute	es I further	certify	that t	he	

. 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. Flurther 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 logal effect as if made under oath; that I am an officer or director of the corporation of 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 extended with an address.

(201) 21570