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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038993

ANGEL ALVAREZ, INC.

Principal Place	e of Business	Mailing Address		1 (25) (25) (35) (4) (4) (4)		• • • • • • • • • • • • • • • • • • • •	
7154 NW 74 A		7154 NW 74 AVE					
MIAMI FL 33166 APT 305		APT 305 MIAMI FL 33166		DO NOT WE	RITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualife	d .		
				05/06/1996	The state of the s		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For	
21 55	745 N.W. 72 Ave	26 5545 N.	w. 72 Ave	- 65-0681771		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	7 -	5 Additional	ı
22		27				Required	i
City & Stat	•1	City & State	FΙ	Election Campaign Financing Trust Fund Contribution	. • • • • • • • • • • • • • • • • •	00 May Be ed to Fees	
23 <u>Mia</u> Zip	Country	Zip Zip	Country	Trust Fund Contribution This corporation owes the cu		20 10 7 863	
24 3316		29 33 166 30	¬ ¬	Personal Property Tax.	Yes	□No	
24 3316	9. Name and Address of Current	1=-1	10000	10. Name and Address of New	Registered Agent		
			81 Name	ALVAREZ Rod	2-1 FO		
=	AREZ, ESTRELLA		82 Street Ac	Idress (P.O. Box Number is Not Accept	itable)	***	
450 W 34TH PLACE			<u> </u>	45 NW 72 A	Æ		
HIA	LEAH FL 33012		83				
			84 City	m : 0	85 Z	ip Code	ĺ
			///////////////////////////////////////	mi Ami	<u> </u>	33166	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	f Florida. Such change was auth	iorized by the corpora	orporation submits this statement for the ation's board of directors. I hereby acc	ept the appointment as	registered	
SIGNATURE	HUABE Z ROSignature, typed or printed name of registered agent	dolfo	-///	3.4	2/22/9	<u> </u>	
			egistered Agent signature requ	aired when reinstating) ADDITIONS/CHANGES TO O	DATE /	TOPS IN 12	Í
12.	OFFICERS AND	DELETE	13.	P+D	Chan		2
TITLE	ALVAREZ, ANGEL	CAMAR		ARREL BLUBBEZ.	-		
NAME OTDEET ADDRESS	450 W 34TH PLACE	P O PRess	1.3 STREET ADDRESS	18000 nev 68 Aux	- #305	e	3
STREET ADDRESS	HIALEAH FL 33012	MUPRES	1.4 CiTY-ST-ZiP	miAm; F4, 33166			1
CITY-ST-ZIP	VSD	☐ DELETE	2.1 TITLE	1/5/	Chan	ge Addition	(
NAME	ALVAREZ, ESTRELLA		2.2 NAME	ALVAREZ ESTREL	14.		ĺ
STREET ADDRESS	100 IN A 1711 OL 105		2.3 STREET ADDRESS	18000 NW 68 AVE	# 305		
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP	mipm FG 33/1	<i>56</i>		
TITLE	+REASURER	☐ DELETE	3.1 TITLE		☐ Chan	ge Addition	
NAME	ALVAREZ ROSOLF 18000 MUGS AVE	- -0	3.2 NAME				
STREET ADDRESS	18000 NW68 AF	# 308	3.3 STREET ADDRESS				
CITY-ST-ZIP	1111111111111 16 35166		3.4. CITY-ST-ZIP				
TITLE	SEC.	DELETE	41 TITLE		Chan	ge 🖺 Addition	
NAME	ALVAREZ DAVID	·	4. 2 NAME				
STREET ADDRESS	18000 NW 68 A	IEH 505	4.3 STREET ADORESS				
CITY-ST-ZIP	MIAMI FG 3316	6	4.4 CITY-ST-ZIP		——————————————————————————————————————	70 T 8 ddW	1
TITLE		☐ DELETE	5.1 TITLE		☐ Chan	ge	}
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP	İ		5.4 CITY-ST-ZIP				J
TITLE		☐ DELETE	6.1 TITLE		☐ Chan	ge Addition	

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 on an attachment with amaddress, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS