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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000056850 (6)

1. Corporation Name
ALLWAYS INTERNATIONAL, INC.

Principal Place of Business
42112 FISHER ISLAND
FISHER ISLAND FL 33109

Mailing Address
42112 FISHER ISLAND
FISHER ISLAND FL 33109-1276

3. Date Incorporated or Qualified
07/05/1996

3a. Date of Last Report
07-05-97

2. Principal Place of Business
21 10302 NW South
Suite, Apt. #, etc. River Drive

22 Bay 21

23 medley, FL

24 33178 25 USA

26 10302 NW South
Suite, Apt. #, etc. River Drive

27 Bay 21

28 medley, FL

29 33178 30 USA

4. FEI Number
65-0692197

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BARRY, TENSUE E
19153 FISHER ISLAND
FISHER ISLAND FL 33109

10. Name and Address of New Registered Agent

81 Name
Waldy Castro

82 Street Address (P.O. Box Number is Not Acceptable)
10645 NW 7 Street

83

84 City
Pembroke Pine FL

85 Zip Code
33026

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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

(305) 883-0886
4-29-97

Daytime Phone #

0254792

CR2E034 (9/96)