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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90087 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P927000018848**
 1. Corporation Name
ALCAZAR HOLDING CORP.

Principal Place of Business Mailing Address
7333 Coral Way Miami, FL 33155 **7333 Coral Way Miami, FL 33155**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 26
 22 State, Apt. #, etc. 27 State, Apt. #, etc.
 23 City & State 28 City & State
 24 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified
2/24/97

4. FEI Number **65-0806887** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be

7. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
DAVIDE, ANA M.
7333 Coral Way
Miami, FL 33155

10. Name and Address of New Registered Agent
 81 Name **Gary L. Brown, Esq.**
 82 Street Address (P.O. Box Number is Not Acceptable)
20803 Biscayne Blvd.
suite 200
 84 City **Aventura** FL 85 Zip Code **33180**

11. Pursuant to the provisions of Sections 607.0502 and 607.1206, 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 _____ (NOTE: Registered Agent's signature is required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDE, Ana	
STREET ADDRESS	7333 Coral Way, Miami, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Greenwald, Allen R.	
13 STREET ADDRESS	1320 S. Dixie Highway, Miami, FL	
14 CITY-ST-ZIP		
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DAVIDE, Anthony	
23 STREET ADDRESS	7333 Coral Way, Miami, FL	
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 007, 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: _____

 Allen R. Greenwald

3/30/99

(305)
 667 4852
 Explain Form 8