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Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90028 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOZOGOSEGOA

| 1. Corporation Name ALVA DISTRIBUTOR, INC. | | | | | | | | |
|--|---|---------------------|---------------------------------------|------------------------|---------------------|---|--|--|
| Principal Place | of Business | Mailing Address | · · · · · · · · · · · · · · · · · · · | | | 4 1061100) ICB (Brit 10011 BBILL ORILL CONT CONT CONT. CONT. CONT. | | |
| 633 N.W. 1ST AVE. BOYNTON BEACH FL 33426 633 N.W. 1ST AVE. BOYNTON BEACH FL 33426 | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | _ | | | | | 3. Date Incorporated or Qualifed 06/23/1997 | | |
| 2. Principal Place of Business 2a. Mailing | | | Mailing Address | | | 4. FEI Number Applied For | | |
| 21 | | | | | | 65-0766218 Not Applicable | | |
| Suite, Apt. | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| | City & State City & State | | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be - Added to Fees | | |
| Zip | Country | Zip Countr | | | | 8. This corporation owes the current year Intangible | | |
| 24 | 25 29 30 | | | | | Personal Property Tax. Yes No | | |
| | 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Registered Agent | | |
| 65.0 | | | | 81 | Name | | | |
| SENTMANAT, SALVADOR H | | | | 82 | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | |
| | N.W. 1ST AVE. | | | | | | | |
| BOY | NTON BEACH FL 33426 | | | 83 | | ··· | | |
| | | | | 84 | City | 85 Zip Code | | |
| ı | | | | | | FL | | |
| 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 title (I applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 12, | | ND DIRECTORS | | 13. | it bigricker's toqu | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | D | | | .1 TITLE | | Change Addition | | |
| NAME | SENTMANAT, SALVADOR H | = | | |] | | | |
| STREET ADDRESS | COO ALM ACT AND | | | 3.STREE | FADDRESS | | | |
| CITY-ST-ZIP | DOLARTON DELOUISI ACARE | | | .4 CITY-S | | | | |
| TITLE | | | | 1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | | _ | _ | 2 NAME | | | | |
| STREET ADDRESS | | | | | TADDRESS | · | | |
| | | | 1 | 2. 4 CITY-5 | 1 | | | |
| CITY-ST-ZIP TITLE | | | 3.1 TITLE | 71-21 | Change Addition | | | |
| NAME | - | | 3.2 NAME | | | | | |
| į . | | | • | | FADDRESS | | | |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 8.4. CITY-9 8.1 TITLE |)1-ZIF | ☐ Change ☐ Addition | | | |
| ľ | | | . 2 NAME | | | | | |
| NAME | | | | | TADORESS | | | |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | | .4 CITY-S 5.1 TITLE | 1-214 | Change Addition | | |
| TITLE | | <u>.</u> | | 2 NAME | | , | | |
| NAME | | | | | T ADDRÉSS | | | |

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 or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Daytime Phone #

Change

☐ Addition