


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90224 010 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000087997

1. Corporation Name
ALVARADO INTERNATIONAL, INC.



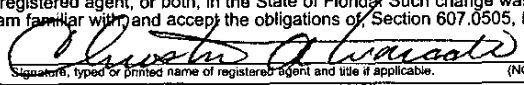
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|--|--|
| Principal Place of Business 100 N. BEL AIR DRIVE PLANTATION FL 33317 | Mailing Address 100 N. BEL AIR DRIVE PLANTATION FL 33317 |
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DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--|--|---|--|---|--|-------------------------------|
| 2. Principal Place of Business 21 7962 NW 7 CT Suite, Apt. #, etc. 22 City & State 23 PLANTATION, FL Zip 24 33324 Country 25 USA | | 2a. Mailing Address 26 7962 NW 7 CT Suite, Apt. #, etc. 27 City & State 28 PLANTATION, FL Zip 29 33324 Country 30 USA | | 3. Date Incorporated or Qualified 10/13/1997 | 4. FEI Number 65-0786987 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | 6. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | 5.00 May Be Added to Fees | | |

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|---|--|---|--|
| 9. Name and Address of Current Registered Agent ALVARADO, CHRISTINE 100 N. BEL AIR DRIVE PLANTATION FL 33317 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7962 NW 7 CT 83 84 City PLANTATION FL 85 Zip Code 33324 | |
|---|--|---|--|

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  DATE 4/10/99
(NOTE: Registered Agent signature required when reinstating)

| | | | |
|--|---|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALVARADO, CHRISTINE 100 N. BEL AIR DRIVE PLANTATION FL 33317 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7962 NW 7 CT PLANTATION, FL 33324 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE  CHRISTINE ALVARADO 4/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone # (954) 898-3247

CR2E034 (11/98)