

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90014 017 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000106112

1. Corporation Name
325 ALCAZAR HOLDING CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 900 INGRAHAM BUILDING, 25 SOUTHEAST 2ND AVENUE, MIAMI FL 33131
Mailing Address: 900 INGRAHAM BUILDING, 25 SOUTHEAST 2ND AVENUE, MIAMI FL 33131

3. Date Incorporated or Qualified: 12/22/1998
4. FEI Number: 65-0888209
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: [] Yes [X] No

2. Principal Place of Business: 21 725 NW 19 ST, 22 SUITE B, 23 MIAMI FL, 24 33126, 25 USA
2a. Mailing Address: 26 725 NW 19 ST, 27 SUITE B, 28 MIAMI FL, 29 33126, 30 USA

9. Name and Address of Current Registered Agent: MURAI, WALD, BIONDO & MORENO, P.A., 900 INGRAHAM BUILDING, 25 SOUTHEAST 2ND AVENUE, MIAMI FL 33131

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: PRESIDENT [] DELETE
NAME: AGUSTIN R. ARELLANO
STREET ADDRESS: 725 NW 19 ST, SUITE B
CITY-ST-ZIP: MIAMI - FL 33126
TITLE: SECRETARY [] DELETE
NAME: MARIA E. ARELLANO
STREET ADDRESS: 725 NW 19 ST, SUITE B
CITY-ST-ZIP: MIAMI - FL 33126

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/8/99 (305) 944-9501
Daytime Phone #

CR2E034 (11/98)