FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S50499** **(0)**

1. Corporation Name
ALVA MANUFACTURING, INC.

Principal Place of Business	Mailing Address
901 E. 10TH AVENUE #12-A HIALEAH FL 33010	901 E. 10TH AVENUE #12-A HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1991
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 7810 N.W. 98 STREET
22 Suite, Apt. #, etc.
23 City & State: HIALEAH GARDENS, FL
24 Zip: 33016
25 Country: DADE

2a. Mailing Address
26 7810 N.W. 98 STREET
27 Suite, Apt. #, etc.
28 City & State: HIALEAH GARDENS, FL
29 Zip: 33016
30 Country: DADE

4. FEI Number: 65-0255912 ☐ 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 Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ROLON, SANTOS
7019 CROWN GATE COURT
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: SANTOS ROLON
82 Street Address (P.O. Box Number is Not Acceptable)
83: 18601 TROON DRIVE
84 City: MIAMI FL 85 Zip Code: 33015

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 title if applicable (NOTE: Registered Agent signature required where necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	ROLON, FRANCISCO	12 NAME	ROLON, FRANCISCO
STREET ADDRESS	7019 CROWN GATE CT.	13 STREET ADDRESS	6858 N.W. 173 DRIVE # 309
CITY-ST-ZIP	MIAMI LAKES FL	14 CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	ROLON, JOSE R.	22 NAME	ROLON, JOSE R.
STREET ADDRESS	7019 CROWN GATE CT.	23 STREET ADDRESS	6858 N.W. 173 DRIVE # 308
CITY-ST-ZIP	MIAMI LAKES FL	24 CITY-ST-ZIP	MIAMI, FL 33015
TITLE		31 TITLE	☒ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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

2/24/95
Date

305-362-3427
Daytime Phone #

607A033 CR