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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90011 023 ***150.00

DOCU	MENT # S74614				, o
i. Corporati	L E. ALVAREZ, PHD, PA			ı	
Principal Pla	ce of Business	Mailing Address		- I FRANCISKA UNI ERRUS AKRIS ALIAN TERUS BURT BER	ii oloki 8feti bleti oloki eteki 1801
		782 N.W. LEJEUNE ROAD.	#633		
		MIAMI FL 33126			
•				DO NOT WRITE IN TH	IIS SPACE
		•		3. Date incorporated or Qualifed 08/19/1991	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0200393	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	- 	5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip .	Country	28	Country	Trust Fund Contribution	Added to Fees
 24	25	Zip 29	Country ·	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No
24	9. Name and Address of Currer		[30]	10. Name and Address of New Registere	
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		81 Name		
AMANADA	LIO F ALVAREZ & CO PA		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	NW 42ND AVE	•	of corradi	1 200 English and the action go a serious serious	The same of the probabilities of the
	E 545 MI FL 33176-1451		83		
MIN	UNI FL 331/0-1431	Y.	84 City	3 (1 × × × × × × × × × × × × × × × × × ×	■ 85 Zip Code
20 415 4 17 15	en e	total title the most of the second	. '		L
.11. Pursuant	t to the provisions of Sections 607.050 registered agent, or both, in the State)2 and 607.1508, Florida Statut of Florida. Such change was a	es, the above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered ointment as registered
agent.1	am familiar with, and accept the obliga	itions of, Section 607.0505, Fic	rida Statutes.		•
SIGNATURE	Signature, typed or printed name of registered ager	of and title if applicable (NOTE	: Registered Agent signature required	t when reinstating) : ; DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
iπLE	PST	☐ DELETE	1.1 TITLE	A CONTRACTOR OF THE PROPERTY O	☐ Change ☐ Addition
NAME	ALVAREZ, MANUEL E.		1.2 NAME		
STREET ADDRESS	,		1.3 STREET ADDRESS		•
CITY-ST-ZIP	MIAMI FL	[] DELETE	1.4 City-ST-ZIP		
TITLE	VD ALVAREZ, CRISTINA Q	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
CITY-ST-ZIP	MIAMI FL		2.3 STREET ADDRESS		1
TITLE	HILLIAM IL	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME ()	IQ I MANAGE THE		3.2 NAME		, , ,
STREET ADDRESS	Sl ,.		3.3 STREET ADDRESS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The state of the second
CITY-ST-ZIP, 4-5	045 - 12 <u>- 12 - 12 - 12 - 12 - 12 - 12 - 12</u>		3.4. CITY-ST-ZIP		
TITLE	A STATE OF THE STA	☐ DELETE	4.1 TITLE		Change Addition
NAME	WE TO.	\$	4. 2 NAME	·	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ BC: FTE	4.4 CITY-ST-ZIP		Chares Caller
TITLE	1	☐ DELETE	5.1 TITLE 5.2 NAME	5' 6.,	☐ Change ☐ Addition
NAME STREET ADDRESS			5.3 STREET ADDRESS	ter vie	
CITY-ST-ZIP	PST		5.4 CITY-ST-ZIP	ω_{c}^{n}	
TITLE	ALVERGETT FERENCE.	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	了跨 特别 扩充设置 5.	•	6.2 NAME		
STREET ADDRESS	· 李林春春 1		6.3 STREET ADDRESS		Í
CITY-ST-ZIP	VO		6.4 CITY-ST-ZIP		
Indicated	l on this annual report or supelemental	annual report is true and accur	rate and that my signature	ection 119.07(3)(i), Florida Statutes. I further c shall have the same legal effect as if made un	der noth: that I am an
officer or	director of the corporation or the lece	iver or trustee empowered to e	xecute this report as requir	red by Chapter 607, Florida Statutes; and that	my name annears in