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

PROFIT CORPORATION ANNUAL REPORT

ALZOLA CORP.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # \$95900

(4)

FILED Apr 30 1997 8:00am Secretary of State

Mailing Address	
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6970 SOUTHWEST 4TH STREET MIAMI FL 33144		6970 SOUTHWEST 4TH : MIAMI FL 33144-3642	6970 SOUTHWEST 4TH STREET MIAMI FL 33144-3642								
						3. Date incorporated or Qualified 11/22/1991		of Last F 1/1996	Report	}	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		TA	pplied For	1	
21		26				65-0302194		<del></del>	ot Applicable	1	
Suite, Apt 1	#. etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired 58.75 Addition Fee Required					
City & State	)	City & State	······································			6. Election Campaign Financing				1	
23		26				Trust Fund Contribution			May Be to Fees		
Zφ	Country	Zip	Cour	itry		8. This corporation has liability for in			s. 199.032,	1	
24	25 29 30					Florida Statutes Yes No					
	9. Name and Address of Curr	ent Registered Agent			,	10. Name and Address of New Reg	stered Ag	ent		ļ	
	ola, pedro J., Jr.		}	81	Name					)	
	) SW 4 STREET VII FL 33144		}	82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)			1	
) MINAT	WI FL 33144		ļ	83	***		····			1	
			-	84	City			<b>85</b> Zip	Code	}	
dd Discount A	007.0	100		7	- •		FL	1			
office or re agent. Lar	o the provisions of Sections 607.0: egistered agent, or both, in the Sta n familiar with, and accept the obt	te of Florida. Such change was igations of, Section 607.0505, F	utes, the ab authorized florida Statu	iove I by ites.	-named corpo the corporation	oration submits this statement for the poon's board of directors. I hereby accep	urpose of o	hanging i htment as	its registered s registered		
   SIGNATURE	Signature Type 4 or printed name of registered i					id when reinstaing)	DATE			}	
12.		ND DIRECTORS	13.	Agen	it signature require	ADDITIONS/CHANGES TO OFFIC		IDECTO	DO IN 10	12	
TILLE	P	DELETE	1,1 317	F.	<del></del>	ADDITIONS/CHANGES TO OFFIC		Change	Addition	ΙŠ	
NAME	ALZOLA, PEDRO J., JR.						-	_ ondinge	C. J. Madillion	15	
STREET ADDRESS	ACTO ON ATTLECT		•	1.2 NAME						Įĝ	
1	MIAMI FL			1.3 STREET ADDRESS						Įű	
City-St ZIP TitlE				1.4 CITY-ST-ZIP		<del></del>		Change	Addition	49	
NAME	ALZOLA, MARIA BEATRIZ	C_1 Ditter	2.1 TITLE		l			T cusufic	⊥ ≻odition	1	
STREET ADORESS	6970 S.W. 4TH ST		T ,	2.2 NAME 2.3 STREET ADDRESS						1	
1 " 1	MIAMI FL									l	
C-TY - ST - ZIP					T- ZIP		<del></del>	T Change	The Addition	1	
<b>'</b>	ALZOLA, VIMAN Z.	F" DETELL	3.1 111		1	-	. 1.	Change	Addition	1	
NAME	6970 S.W. 4TH ST		3.2 NA								
STREET ADDRESS					ADDRESS					l	
GHY+ST-ZiP THUE	MIAMI FL	DELETE	3.4. C()		r-ZIP	<del></del>	·	7		1	
1 1	ALZOLA, CRISTINA MARIA	L'1 nerett	4.3 TITI		}		L.	_] Change	Addition	1	
NAME	6970 S.W. 4TH ST		4, 2 NA		}					1	
STREET ADDRESS	= -				ADDRESS					1	
City+St-7iP	MIAMI FL		4.4 CIT		- ZIP					1	
TITLE		DELETE	. 5.1 TITI	LE	1		L,	Change	Addition	1	
NAME			5,2 NAI	ME	}					1	
STREET ADDRESS			5.3 STF	REET #	ADDRESS						
C/Ty+S1+Zif*		···	5.4 CIT		- ZIP	7					
THILE		☐ DELETE	6.1 TITI	LE	}			Change	Addition		
NAME			6.2 NA	ME	}						
STREET ADDRESS			6.3 STF	REET A	ADDRESS						
CHY-Si-ZIP			6.4 CIT							}	
14. I do hereb	y certify that the information suppl	ied with this filing does not qua	lify for the e	exen	notion stated	in Section 119.07(3)(i). Florida Statutes	. I further o	ertify that	t the	1	

14. Ido 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 (2 or Block 13 if changed, or on an attachment with an address.

INATURE LISTA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR M. Alzola 4/23/97 (305) 261-2288

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