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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L31515** (4)
 1. Corporation Name
BERT ALEXANDER & ASSOCIATES, INC.



Principal Place of Business: **2121 SW 3RD AVE SUITE 608 MIAMI FL 33129 US**
 Mailing Address: **2121 SW 3RD AVE SUITE 608 MIAMI FL 33129-1443 US**

3. Date Incorporated or Qualified: **11/22/1989**
 3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **420 Blue Road**
 2a. Mailing Address: **P.O. Box 334995**
 21. Suite, Apt. #, etc.:
 26. Suite, Apt. #, etc.:
 22. City & State: **Coral Gables FL**
 27. City & State: **Miami FL**
 24. Zip: **33146** 25. Country: **USA**
 29. Zip: **33233** 30. Country: **USA**

4. FEI Number: **65-0186181**
 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 s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
IRIGOYEN, BERT
2121 SW 3RD AVE SUITE 608
MIAMI FL 33129

10. Name and Address of New Registered Agent
 81. Name:
 82. Street Address (P.O. Box Number is Not Acceptable): **420 Blue Road**
 83.
 84. City: **Coral Gables** FL 85. Zip Code: **33146**

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: *Bert Irigoyen* **Bert Irigoyen** 03/21/97
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRIGOYEN, BERT	1.2 NAME	
STREET ADDRESS	2121 SW 3RD AVE SUITE 608	1.3 STREET ADDRESS	420 Blue Road
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	Coral Gables, FL. 33146
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Bert Irigoyen* **Bert Irigoyen** President 3/21/97 305 661-5006
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0166714

CRE034 (9/96)