SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # M35217 (2)

1. Corporation Name
ALEX SEAT COVERS, INC.

Principal Place of Business	Mailing Address
% ALEJANDRO POVIONES 1944 N.W. 22 PLACE MIAMI FL 33125	% ALEJANDRO POVIONES 1944 N.W. 22 PLACE MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1986

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2699021	☐ Applied For ☐ Not Applicable
21 1994 NW 22 PLACE	26 1994 NW 22PLACE		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33125 / 25 MIAMI-DADE	Zip / Country 29 33125 / 30 MIAMI-DADE	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POVIONES, ALEJANDRO 1944 N.W. 22 PLACE MIAMI FL 33125	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP POVIONES, ALEJANDO 5490 W. 14 LANE HIALEAH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 5031 west 10 Avenue Hialeah, FL 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POVIONES, MIRIAM 5490 W. 14 LANE HIALEAH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition 5031 W 10 avenue Hialeah, fl 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☑ Change ☐ Addition 500002606[illegible] -08/04/98--01065--003 ***158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition JE 7-29

CR2E034 (5/98)

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.

SIGNATURE [illegible] SIGNATURE REQUIRED

Pg 2

ALEX SEAT COVERS, INC.
1994 NW 22ND PLACE
MIAMI, FL 33125
(305) 634-8767

July 1, 1998

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Corporation Name: Alex Seat Covers, Inc.
FEI Number: 59-2699021

Dear Sirs:

I am writing this letter pursuant to my telephone conversation earlier on today with a representative at the reinstatement division.

I just received the attached "Second Notice", but never received the first notice. I realized that the mailing address you have is incorrect and that is why I probably never received the first notice. Had I received the first notice I would have paid it in a timely fashion as I always do every year.

I am enclosing my check in the amount of $150.00 for the Filing Fee. When I called earlier on today, I was told to do so and they will review this letter. Once this letter was reviewed if the penalty in the amount of $400.00 was not waived I will be contacted.

I hope that this can be cleared up and my $400.00 penalty may be waived due to the circumstances. I apologize for the misunderstanding.

If you have any further questions, please do not hesitate to contact me at (305) 634-8767.

Sincerely,
Alex Seat Covers, Inc.

By: _____
Alejandro Poviones, President