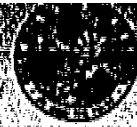


CORPORATION
ANNUAL REPORT

1995



DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:05

DOCUMENT # 282105

(6)

1. Corporation Name

ALEXANDER BROTHERS CORP

Principal Place of Business

1885 SW. 14TH STREET
MIAMI FL 33145

Mailing Address

1885 SW. 14TH STREET
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

06/09/1964

03/24/1994

4. FEI Number Applied For
59-1054388 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Truck Fund Contribution Added to Fees

7. This corporation has liability for intangible tax under S. 109.002,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

ALEXANDER,SOL
2333 BRICKELL AVE., #909
MIAMI FL 33129

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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

MARCH 15 / 95

DATE

REGULAR AGENT SIGNATURE REQUIRED WHEN CHANGING

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME: PD
ALEXANDER, HERMAN
STREET ADDRESS: 1885 SW 14TH ST
CITY, ST, ZIP: MIAMI FL

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Chg
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	

NAME: D
ALEXANDER, JERRY
STREET ADDRESS: 1885 SW 14TH ST
CITY, ST, ZIP: MIAMI FL

21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Chg
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

NAME: D
ALEXANDER, IZZIE
STREET ADDRESS: 760 NW 22ND COURT
CITY, ST, ZIP: MIAMI FL

31 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Chg
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

41 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Chg
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

51 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Chg
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

61 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Chg
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this form is verifiably furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: HERMAN AL EXANDER
SIGNATURE AND TYPE OR PRINTED NAME OF PRIMARY OFFICER OR DIRECTOR

MARCH 15 - 1995 856-8516
(Signature)