

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

FILED
Aug 21 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 # F86148
 1. Corporation Name
SABRINA ALEXANDRIA INCORPORATED

Principal Place of Business: **10999 BISCAYNE BLVD. MIAMI, FL 33161-7459**

Mailing Address: _____

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/22/1982**

4. FEI Number: **59-2201726** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address State, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent
STAUB, WERNER
10999 BISCAYNE BLVD.
MIAMI, FL 33161

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83 _____

84 City: _____ State: **FL** 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	11 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STAUB, WERNER		12 NAME: _____	
STREET ADDRESS: 10999 BISCAYNE BLVD		13 STREET ADDRESS: _____	
CITY-STATE-ZIP: MIAMI, FL 33161		14 CITY-STATE-ZIP: _____	
TITLE: VPD	<input type="checkbox"/> DELETE	21 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STAUB, MARIA		22 NAME: _____	
STREET ADDRESS: 10999 BISCAYNE BLVD		23 STREET ADDRESS: _____	
CITY-STATE-ZIP: MIAMI, FL 33161		24 CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	31 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		32 NAME: _____	
STREET ADDRESS: _____		33 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		34 CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	41 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		42 NAME: _____	
STREET ADDRESS: _____		43 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		44 CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	51 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		52 NAME: _____	
STREET ADDRESS: _____		53 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		54 CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	61 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		62 NAME: _____	
STREET ADDRESS: _____		63 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		64 CITY-STATE-ZIP: _____	

Handwritten signature/initials

800002623858
-08/25/98--01002--033
*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Handwritten signature of Maria Staub* MARIA STAUB DATE: **10/17/98** TIME: **305-373-1403**

CR2E084 (10/97)

(2)

LUNDY & SHACTER, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

150 N.W. 166TH STREET • SUITE 300 • N. MIAMI BEACH, FLORIDA 33169 • (305) 653-3600, BRWD. (954) 463-7150
FAX (305) 653-3607

RICHARD LUNDY, C.P.A.
BARRY S. SHACTER, C.P.A.

MEMBERS

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

August 8, 1998

Re: Delinquent Annual Reports

Dear Sir or Madam;

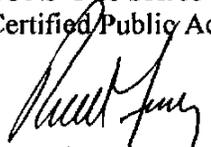
As a courtesy to our clients who wish to keep their corporations alive, we periodically monitor the filing records, to see that their Annual report has been filed.

The following is a partial list of corporations, who as of June 30th, had not filed. When I inquired with these clients, they said that they had not received their forms, but they *did* wish to file; and asked us to prepare the reports on blank forms.

Teen Voice of America Corporation
Sabrina Alexandria Incorporated

These were unavoidable and unintentional late filings (for the record, we have 300-400 corporate clients that did file on a timely basis). We will continue to inquire with our clients about the status of their filings. Accordingly, we respectfully request that you accept the enclosed returns without the assessment of a late filing penalty.

Very Truly Yours,
LUNDY & SHACTER, P.A.
Certified Public Accountants


RICHARD LUNDY