

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H59384** (8)

1. Corporation Name  
**ALEXANDER PERL, INC.**



Principal Place of Business

Mailing Address

1 GROVE ISLE DRIVE  
MIAMI FL 33133

4463 WOODFIELD BLVD.  
BOCA RATON FL 33434  
US

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

PERL, HERMINE  
1 GROVE ISLE  
MIAMI FL 33133

*Address change*

3. Date Incorporated or Qualified <b>05/30/1985</b>	3a. Date of Last Report <b>02/02/1995</b>
4. FEI Number <b>59-2553018</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	<b>4463 woodfield Blvd</b>
83. City	<b>Boca Raton</b>
84. State	<b>FL</b>
85. Zip Code	<b>33434</b>

11. Pursuant to the provisions of Sections 607.07 and 607.1608, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.07, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	<b>D PERL, ALEXANDER</b>	13.2 NAME	
12.3 STREET ADDRESS	<b>1 GROVE ISLE DRIVE</b>	13.3 STREET ADDRESS	
12.4 CITY, STATE, ZIP	<b>MIAMI FL</b>	13.4 CITY, STATE, ZIP	
12.5 TITLE	<input type="checkbox"/> DELETE	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	<b>D PERL, ROSE</b>	13.6 NAME	
12.7 STREET ADDRESS	<b>1 GROVE ISLE DRIVE</b>	13.7 STREET ADDRESS	
12.8 CITY, STATE, ZIP	<b>MIAMI FL</b>	13.8 CITY, STATE, ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	<b>DST PERL, HERMINE</b>	13.10 NAME	
12.11 STREET ADDRESS	<b>1 GROVE ISLE DRIVE</b>	13.11 STREET ADDRESS	
12.12 CITY, STATE, ZIP	<b>MIAMI, FL</b>	13.12 CITY, STATE, ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY, STATE, ZIP		13.16 CITY, STATE, ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE	13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY, STATE, ZIP		13.20 CITY, STATE, ZIP	
12.21 TITLE	<input type="checkbox"/> DELETE	13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		13.22 NAME	
12.23 STREET ADDRESS		13.23 STREET ADDRESS	
12.24 CITY, STATE, ZIP		13.24 CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the registrar 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 (changed) on a current filing with an address.

SIGNATURE: *Hermine Perl* **HERMINE PERL** (407) 995-2517

CR2E034 (12/95)