

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL☐

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

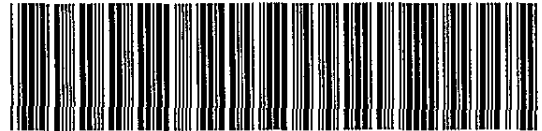
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AND
FILED

93 MAY -1 PM 2:51

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # J40966 (0)

ALEXDEX CORPORATION
7270 NW 12TH ST PH 1
MIAMI FL 33126-1930

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE
\$200.00

ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified
11/03/1986

3a. Date of Last Report
08/03/1992

4. FEI Number
592746171

Applied for
Not Applicable

2. Mailing Address

2a. Principal Place of Business

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$138.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODIE, SIDNEY Z.
7270 NW 12TH ST PH1
MIAMI FL 33126

81 Name

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

83

84 City

FL

85 Zip Code

86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 of Agent Accepting Appointment

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE

1.2 NAME

1.3 ADDRESS

1.4 CITY, ST, ZIP

P/D
OSCAR, BARBARA
7270 N.W. 12TH ST. PH-1
MIAMI FL

1.1 TITLE

1.2 NAME

1.3 ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 ADDRESS

2.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 ADDRESS

3.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 ADDRESS

4.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 ADDRESS

5.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 ADDRESS

6.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 ADDRESS

6.4 CITY, ST, ZIP

14. I certify that the information indicated on the 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 further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13, a change, or on an attachment with an address.

SIGNATURE

DATE

Print Type Name of Signing Officer or Director

Title(s)

Daytime Telephone Number

OSCAR BARBARA

Pres

(315) 945-4511

CH2004-11 047