SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J89279 (0)**

1. Corporation Name
ALEXA MODEL AND TALENT MANAGEMENT AGENCY, INC.

Principal Place of Business	Mailing Address
5215 W. LAUREL ST #204 TAMPA FL 33607 US	5215 W. LAUREL ST SUITE 204 TAMPA FL 33607 US

3. Date Incorporated or Qualified: 08/21/1987
3a. Date of Last Report: 01/31/1995

2. Principal Place of Business
21 4100 W. Kennedy Blvd
22 Suite, Apt. # etc: 228
23 City & State: Tampa, FL
24 Zip: 33609
25 Country: USA

2a. Mailing Address
26 4100 W. Kennedy Blvd
27 Suite, Apt. #, etc: 228
28 City & State: Tampa, FL
29 Zip: 33609
30 Country: USA

4. FEI Number: ~~59-2801473~~ 2874769 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~SCHER, SUSAN S~~
~~5215 W. LAUREL STREET~~
~~SUITE 204~~
~~TAMPA FL 33607~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4100 W. Kennedy Blvd.
83 # 228
84 City: Tampa FL 85 Zip Code: 33609

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: ✓ Susan S Scher
Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent's signature required if amendment is filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	SCHER, SUSAN S.		1.2 NAME	
STREET ADDRESS	~~5215 W. LAUREL ST. #204~~		1.3 STREET ADDRESS	4100 W. Kennedy Blvd. # 228
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa. FL 33609
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan S Scher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #