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

SIGNATURE:

May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K63158 (5)ALEXIS MARKETING & PROMOTIONS, INC. Principal Place of Business Mailing Address 6301 BISCAYNE BLVD. 6301 BISCAYNE BLVD SUITE 202 SUITE 202 DO NOT WRITE IN THIS SPACE MIAMI FL 33138 MIAMI FL 33138 3. Date Incorporated or Qualified 02/03/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0101021 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible X Yes 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALEXIS, ALBERT J 15203 SW 152ND AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33187** 83 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 Signature, typed or ponted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE ALEXIS, ALBERT J NAME 1.2 NAME CR2E034 15203 SW 152ND AVE. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33187** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE ALEXIS, MYRLÉNE DECADY 22 NAME 15203 SW 152ND AVE. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33187** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE MALIF 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP ☐ Addition DELETE 61 TITLE Change TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not odalify for the exemption stated in Section 119.07(3)(i), 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an oddress.

FILED

(308)756-5627