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Apr 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L31515 (4)

1. Corporation Name  
BERT ALEXANDER & ASSOCIATES, INC.



Principal Place of Business

2121 SW 3RD AVE  
SUITE 608  
MIAMI FL 33129  
US

Mailing Address

2121 SW 3RD AVE  
SUITE 608  
MIAMI FL 33129-1443  
US

3. Date Incorporated or Qualified  
11/22/1989

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 420 Blue Road

2a. Mailing Address

26 P.O. Box 330395

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0186181

Applied For

Not Applicable

22 City & State

23 Coral Gables FL

27 City & State

28 Miami FL

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

24 33146

25 USA

29 33033

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRIGOYEN, BERT  
2121 SW 3RD AVE SUITE 608  
MIAMI FL 33129

81 Name

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

420 Blue Road

83

84 City Coral Gables

FL

85 Zip Code 33146

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 of registered agent and date of filing (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Bert Irigoyen

03/21/97

12. OFFICERS AND DIRECTORS

1.1 TITLE

DPS  
NAME IRIGOYEN, BERT  
STREET ADDRESS 2121 SW 3RD AVE SUITE 608  
CITY-ST-ZIP MIAMI FL

DELETE

1.2 TITLE

1.3 NAME

1.4 STREET ADDRESS

1.5 CITY-ST-ZIP

1.6 TITLE

1.7 NAME

1.8 STREET ADDRESS

1.9 CITY-ST-ZIP

1.10 TITLE

1.11 NAME

1.12 STREET ADDRESS

1.13 CITY-ST-ZIP

1.14 TITLE

1.15 NAME

1.16 STREET ADDRESS

1.17 CITY-ST-ZIP

1.18 TITLE

1.19 NAME

1.20 STREET ADDRESS

1.21 CITY-ST-ZIP

1.22 TITLE

1.23 NAME

1.24 STREET ADDRESS

1.25 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0168714

Bert Irigoyen President 3/21/97 305 661-5006

CR2E034 (9/96)