

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 6/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L78860

1. Corporation Name

ALEXANDER H. COMPANIES, INC.

Amended

Principal Place of Business

9300 NW 58 Street
Suite 209
Miami, FL 33178
US

Mailing Address

9300 NW 58 Street
Suite 209
Miami, FL 33178
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

~~MANUEL COHEN~~
~~9300 NW 58 Street~~
~~Suite 209~~
~~Miami, FL 33178~~

3. Date Incorporated or Qualified

06/07/1990

4. FEI Number

65-0224588

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 owes the current year
Intangible Personal Property.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
JAIME CUNILL

82 Street Address (P.O. Box Number is Not Acceptable)
9300 NW 58 Street

83 Suite 209

84 City
Miami

FL

85 Zip Code

33178

11. Pursuant to the provisions of sections 607.0502 and 607.1208, 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11-18-99

12. OFFICERS AND DIRECTORS

1.1 TITLE ~~PMST~~ ☒ DELETE

NAME ~~COHEN, MANUEL~~
STREET ADDRESS ~~9300 NW 58 Street - Suite 209~~
CITY-ST-ZIP ~~Miami, FL 33178~~

1.2 TITLE ☐ DELETE

NAME ~~D~~
STREET ADDRESS ~~MARINAKYS, JUAN C~~
CITY-ST-ZIP ~~9300 NW 58 Street - Suite 209~~
~~Miami, FL 33178~~

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☐ Change ☒ Addition

1.2 NAME CUNILL, JAIME
1.3 STREET ADDRESS 9300 NW 58 Street - Suite 209
1.4 CITY-ST-ZIP Miami, FL 33178

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 900003067209--2
2.3 STREET ADDRESS -12/13/99--01008--010
2.4 CITY-ST-ZIP *****61.25 *****61.25

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 #

11-18-99

(320) 993-7302

CR2E034 (5/99)