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Mar 06 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT

1997

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

DOCUMENT # P92000010066 (8)

1. Corporation Name

AARON ALEXIS CORPORATION

Principal Place of Business

2421 NE 49 ST.

#7

FT. LAUDERDALE FL 33308

Mailing Address

2421 NE 49 ST.

#7

FT. LAUDERDALE FL 33308-4728

3. Date Incorporated or Qualified

12/02/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 1057 N.E. 43rd CT

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale, FL

Zip

24 33334

Country

25 USA

2a. Mailing Address

26 1511 E. Commercial Blvd

Suite, Apt. #, etc.

27 Suite #133

City & State

28 Ft. Lauderdale, FL

Zip

29 33334

Country

30 USA

4. FEI Number

65-0374172

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.☐ Yes☒ No

9. Name and Address of Current Registered Agent

EICOFF, WILLIAM

2421 NE 49 ST.

#7

FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

EICOFF, WILLIAM

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

1865 S. Ocean Drive #5M

83

Hallandale, FL

84 City

FL

85

Zip Code

33009

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP

43 TITLE

44 NAME

45 STREET ADDRESS

46 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP

43 TITLE

44 NAME

45 STREET ADDRESS

46 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

William S Eicoff 2/25/97

Date

Daytime Phone #

566-4117

CR2E034 (9/96)