

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90050 030 ***150.00

DOCUMENT # P93000042063

1. Corporation Name

ALEXANDER H. FACTORS INTERNATIONAL, INC.

Principal Place of Business

9300 NORTHWEST 58TH STREET
SUITE 209
MIAMI FL 33178

Mailing Address

9300 NORTHWEST 58TH STREET
SUITE 209
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1993

4. FEI Number

65-0421881

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

COHEN, MANUEL
9300 N.W. 58 STREET
STE. 209
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE MS ☐ DELETE
NAME COHEN, MANUEL
STREET ADDRESS 9300 NW 58 ST
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
NAME MASFERRER, EDUARDO A
STREET ADDRESS 6971 SOUTHWEST 79TH AVENUE
CITY-ST-ZIP MIAMI FL 33143

TITLE D ☐ DELETE
NAME MARINAKIS, JUAN
STREET ADDRESS 15 CALLE I-11 ZONA 10 UE
CITY-ST-ZIP GUATAMALA CITY GUATAMALA

TITLE D ☒ DELETE
NAME NITZBERG, MAX
STREET ADDRESS 39 NORTH WOODS LANE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☒ DELETE
NAME MARTINELLI, GUIDO
STREET ADDRESS V. ESPANA, EDIF BNP LOCAL 14
CITY-ST-ZIP PANAMA REP. OF PANAMA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DPMST ☒ Change ☐ Addition
12 NAME COHEN, MANUEL
13 STREET ADDRESS 9300 N.W. 58 STREET - SUITE 209
14 CITY-ST-ZIP MIAMI, FL. 33178

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME MARINAKYS, JUAN C
33 STREET ADDRESS 9300 N.W. 58 STREET - SUITE 209
34 CITY-ST-ZIP MIAMI, FL. 33178

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)