

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$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 # P93000042063

1. Corporation Name

ALEXANDER H. FACTORS INTERNATIONAL, INC.

Amended

Principal Place of Business

Mailing Address

9300 NW 58 ST
Suite 209
Miami, FL 33178

9300 NW 58 ST
Suite 209
Miami, FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/ 1993

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0421881

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MANUEL COHEN~~
~~9300 NW 58 STREET~~
~~SUITE 209~~
~~MIAMI, FL 33178~~

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 607.1508, 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 607.0504, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11-18-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPMST ☒ DELETE

NAME COHEN, MANUEL

STREET ADDRESS 9300 NW 58 Street - Suite 209

CITY-ST-ZIP Miami, FL 33178

TITLE D ☐ DELETE

NAME MARINAKYS, JUAN C.

STREET ADDRESS 9300 NW 58 Street - Suite 209

CITY-ST-ZIP Miami, FL 33178

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

PS

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-99

Date

(205) 593-5302

Daytime Phone #

CR2E034 (5/99)