

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000046703 (3)**

1. Corporation Name
ALEXANDER K. CORP.



Principal Place of Business: 20301 NE 30 AVE #208 NORTH MIAMI BEACH FL 33180 US
Mailing Address: 20301 NE 30 AVE #208 NORTH MIAMI BEACH FL 33180 US

3. Date Incorporated or Qualified: **07/02/1993**
3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business: 21 10101 COLLINS AVE Suite, Apt. #, etc. 22 MIAMI BEACH, FL Zip 24 33154
2a. Mailing Address: 26 10101 COLLINS AVE Suite, Apt. #, etc. 27 MIAMI BEACH, FL Zip 29 33154 Country 30 USA

4. FEI Number: **65-0440229**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ZACKIND, BORIS
20301 NE 30 AVE #208
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent
81 Name: **GENRIKH KARAKHANIAN**
82 Street Address (P.O. Box Number is Not Acceptable): **10101 COLLINS AVENUE**
83
84 City: **MIAMI BEACH FL** 85 Zip Code: **33154**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **2/12/96**

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ZALKIND, BORIS	
STREET ADDRESS	20341 NE 30TH AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	KARAKHANIAN, GENRIKH	
STREET ADDRESS	20301 NE 30TH AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KARAKHANIAN, GENRIKH	
2.3 STREET ADDRESS	10101 COLLINS AVE	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33154	
3.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	IZOLDA IOUSIFOVA	
3.3 STREET ADDRESS	10101 COLLINS AVE	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33154	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	200001747633	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-03/18/96--01102-007	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* DATE: **1/18/96** DAYTIME PHONE: **305 865-4399**

CR2E034 (12/95)