

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**



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

DOCUMENT # P93000046703
 1. Corporation Name
ALEXANDER K. CORP.

Principal Place of Business: **10101 Collins Ave. Miami Beach, FL 33154**
 Mailing Address: **10101 Collins Ave. Miami Beach, FL 33154**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	10101 Collins Ave.	26	10101 Collins Ave.	07/02/93	03/18/96
22. State, Apt. #, etc. 10-A		27. Suite, Apt. #, etc. 10-A		4. FEI Number	Applied For
23. City & State Bal Harbour, FL		28. City & State Bal Harbour, FL		65-0440229	Not Applicable
24. Zip 33154		29. Country U.S.A.		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
KARAKHANIAN, GENRIKH
10101 Collins Avenue
Miami Beach, FL 33154

10. Name and Address of New Registered Agent

81 Name	HENRY (GENRIKH) KARAKHANIAN		
82 Street Address (P.O. Box Number is Not Acceptable)	10101 Collins Avenue		
83	Suite 10-A		
84 City	Bal Harbour	85 State	FL
		86 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

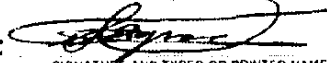
12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	KARAKHANIAN, GENRIKH	
STREET ADDRESS	10101 Collins Avenue	
CITY-ST-ZIP	Miami Beach, FL 33154	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	IOUSIFOVA, IZOLDA	
STREET ADDRESS	10101 Collins Avenue	
CITY-ST-ZIP	Miami Beach, FL 33154	
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	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KARAKHANIAN, HENRY (GENRIKH)	
1.3 STREET ADDRESS	10101 Collins Ave., #10-A	
1.4 CITY-ST-ZIP	Bal Harbour, FL 33154	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	IOUSIFOVA, IZOLDA	
2.3 STREET ADDRESS	10101 Collins Ave., #10-A	
2.4 CITY-ST-ZIP	Bal Harbour, FL 33154	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700002156597	
6.3 STREET ADDRESS	-04/28/97--01082--004	
6.4 CITY-ST-ZIP	***173.75	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: **HENRY (GENRIKH) KARAKHANIAN**

Date: **4-16-97** Daytime Phone #: **305-865-4399**

CR2E034 (9/96)