FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:00

DOCUMENT # P93000049281 (7)

1. Corporation Name
ALEX INSURANCE, INC.

Principal Place of Business	Mailing Address
9040 SUNSET DR SUITE 40 MIAMI FL	9040 SUNSET DR. STE 40 SUITE 40 MIAMI FL 33173 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1993
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21: 2526 N. State Rd 7
22 Suite, Apt. #, etc.: 120
23 City & State: Hollywood FL
24 Zip: 33021
25 Country: FLORIDA

2a. Mailing Address
26: 2525 N State Rd 7
27 Suite, Apt. #, etc.: 120
28 City & State: Hollywood FL
29 Zip: 33021
30 Country: FLORIDA

4. FEI Number: 65-0431091
☐ 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

MARGOLIS, JOHN A ESQ
9040 SUNSET DR
SUITE 40
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: KIMBERLY SNOW
82 Street Address (P.O. Box Number is Not Acceptable): 2941 N. 73rd Way #1904
83:
84 City: DAVIE FL 85 Zip Code: 33314

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 signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	~~NIEVES, ANA~~ ROTH, RICHARD	12 NAME	
STREET ADDRESS	~~7884 W FLAGLER ST~~ 2525 N. ST. RD. 7	13 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~ HOLLYWOOD, FL. 33021	14 CITY ST ZIP	
TITLE	SECRETARY + DIRECTOR	21 TITLE	☐ Change ☐ Addition
NAME	KIMBERLY SNOW	22 NAME	
STREET ADDRESS	2941 N. 73 WAY	23 STREET ADDRESS	
CITY ST ZIP	DAVIE, FL. 33314	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	REMITTED BY MAY 1
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 added by an attachment with an address.

SIGNATURE: _____ RICHARD ROTH 4/28/95 986-9146(305)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Telephone Number

0100304 CP