

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:15

DOCUMENT # P93000057021 (6)

1. Corporation Name

1419 ALEXANDER INVESTMENT CORP.

Principal Place of Business

% ROBERT I SHAPIRO ESO
444 BRICKELL AVE 1050 RIVERGATE PLAZA
MIAMI FL 33131

Mailing Address

% ROBERT I SHAPIRO ESO
444 BRICKELL AVE 1050 RIVERGATE PLAZA
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/13/1993

3a. Date of Last Report
12/19/1994

4. FEI Number
65-0435297

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

2. Principal Place of Business

21 9990 S.W. 77th Ave

22 Penthouse 7

23 City & State
Miami, Florida

24 Zip Country
33156 USA

2a. Mailing Address

26 9990 S.W. 77th Ave.

27 Penthouse 7

28 City & State
Miami, Florida

29 Zip Country
33156 USA

9. Name and Address of Current Registered Agent

SHAPIRO, ROBERT I
444 BRICKELL AVE
SUITE 1050 RIVERGATE PLAZA
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
9990 S. W. 77th Avenue

83 Penthouse 7

84 City
Miami

FL

85 Zip Code
33156

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 607.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

2-7-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
1 SHAPIRO, ROBERT I
444 BRICKELL AVE #1050 RIVERGATE PLAZA
MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
President
Robert I. Shapiro
9990 S. W. 77th Ave., Penthouse 7
Miami, FL 33156
☒ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

Vice President
William K. Peden
5225 Collins Ave., PH5
Miami Beach, FL 33140
☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained 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. 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 of this report, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2-7-95 (305) 596-2345