

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

**FILED**  
**Feb 05, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-05-1999 90006 030 \*\*\*\*150.00

DOCUMENT # P93000082469

1. Corporation Name  
 ALEXMEX S.A.C.V. INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 7975 NW 162 ST MIAMI LAKES FL 33016  
 Mailing Address: 7975 NW 162 ST MIAMI LAKES FL 33016

3. Date Incorporated or Qualified: 12/02/1993

4. FEI Number: 65-0451808 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24 Country: 25

2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: HECHAVARRIA, CARMEN, 7975 NW 162 ST, MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	HECHAVARRIA, CARMEN	1.1 TITLE	
NAME: HECHAVARRIA, CARMEN		1.2 NAME	
STREET ADDRESS: 7975 NW 162 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI LAKES FL 33016		1.4 CITY-ST-ZIP	
TITLE: D	HECHAVARRIA, CARLOS	2.1 TITLE	
NAME: HECHAVARRIA, CARLOS		2.2 NAME	
STREET ADDRESS: 7975 NW-162 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI LAKES FL 33016		2.4 CITY-ST-ZIP	
TITLE:		3.1 TITLE	
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE:		4.1 TITLE	
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:		5.1 TITLE	
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:		6.1 TITLE	
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael... SIGNATURE REQUIRED  
 Date: 01/18/99 Telephone # (305) 231-0735

CR2E034 (11/98)