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Jun 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P94000062062 (2)

1. Corporation Name
SHERRI ALEXANDER, INC.

Principal Place of Business
6450 COLLINS AVE #1503
MIAMI BEACH FL 33141-4670

Mailing Address
6450 COLLINS AVE #1503
MIAMI BEACH FL 33141-4670

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1994

4. FEI Number
65-0519538
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 301 E. 21st St.
Suite, Apt. #, etc.
22 #9M
City & State
23 NY, NY
Zip
24 10010
Country
25 USA

2a. Mailing Address
26 301 E. 21st St.
Suite, Apt. #, etc.
27 #9M
City & State
28 NY NY
Zip
29 10010
Country
30 USA

9. Name and Address of Current Registered Agent
KUMNICK, SHERRI
6450 COLLINS AVENUE
SUITE 1503
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
81 Name JEANETTE ALEXANDER
82 Street Address (P.O. Box Number is Not Acceptable) 1049 DEL HARBOR DRV.
83 DELRAY BCH
84 City FL
85 Zip Code 33483

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 Jeanette Alexander
Signature, typed or printed name of registered agent and title, if applicable
Jeanette Alexander 5.29.98
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	KUMNICK, SHERRI
STREET ADDRESS	409 N HIBISCUS DR SUITE 3
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D ☒ Change ☐ Addition
1.2 NAME	SHERRI KUMNICK
1.3 STREET ADDRESS	301 E. 21st St. #9M
1.4 CITY-ST-ZIP	NY NY 10010
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	600002554246
6.3 STREET ADDRESS	-06/10/98--01022--010
6.4 CITY-ST-ZIP	***150.00

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.

SIGNATURE: [illegible] 6-9-98

CR2E034 (10/97)