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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500003724 (8)

FILED Jan 30 1997 8:00am Secretary of State

ALEXIM	I TRADING CORPORATION					
Principal Plac	ce of Business	Mailing Address		A INDUCENT AND INTERNATIONAL CONTRACTOR	DESKI MOTOG SKIN KROLD SIDKI BIDI INDI	
5545 NW 72 AVENUE MIAMI FL 33168 · US		5545 NW 72 AVENUE MIAMI FL 33166-4249 US				
		•			3. Date Incorporated or Qualified 01/13/1995	3e. Date of Last Report 08/01/1996
2. Principal F	Pace of Business	2a. Mailing Address		.,,	4. FEI Number	Applied For
21		26			65-0546942	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		***************************************	5. Certificate of Status Desired	\$8.75 Additional
22	** ***********************************	27				Fee Required
Crty & Sta	le	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b> Zip	Country	<b>28</b>	Cou	Intry	This corporation has liability for in	
24	25	29	30	····· <b>,</b>	Florida Statutes	Yes No
	9, Name and Address of Currer		1001		10. Name and Address of New Reg	
DF	BUSTAMENTE, ROSA F			81 Name		
	70 LAKE JUNE RD.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable	3)
	AMI LAKES FL 33014					,
				83		
				84 City		85 Zip Code
				<u>                                     </u>		
office or agent 1 SIGNATURE	registered agent, or both, in the State am familiar with and accept the oblig Signature types or posted same of registered age				orporation submits this statement for the puration's board of directors. I hereby accept	the appointment as registered
12.		D DIRECTORS	13.	a rigorit signalare re	ADDITIONS/CHANGES TO OFFICE	
TITLE	PTD	DELETE	1.1 1	TLE		☐ Change ☐ Addition
NAME	BUSTAMENTE, ENRIQUE E		1.2 N	AME		
STREET ADDRESS			1.3 \$1	TREET ADDRESS		[3]
Cilit - ST - ZIP	MIAMI LAKES FL 33014		1.4 C	ITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 It	TLE		Change Addition
NAME	DE BUSTAMENTE, ROSA F		2.2 N	AME		
STREET ADDRESS			-	TREET ADORESS		
CITY - ST - ZIP	MIAMI LAKES FL 33014	DELETE		CITY-ST-ZIP		Change Addition
TITLE NAME		C) Ottett	3 1 TI 3 2 N	i		The change The secution
STREET ADDRESS			1	TREET ADDRESS		ì
CITY - ST - ZIP				CITY-ST-ZIP		
THEE		DELETE	411			Change Addition
NAME			4.21			
STREET ADDRESS			435	TREET ADORESS		
CITY -S.I - 7/P			4.4 C	ITY - ST - ZIP		
TITLE		☐ DELETE	5.1 7	ITLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET ADDRESS		
CITY+ST 2IP		T NECTE		ITY-ST-ZIP		Change 1 4420
TITLE		DELETE	6.1 Ti	ĵ.		☐ Change ☐ Addition
NAME Alburt respecte			6.2 N			ļ
STREET ADORESS				TREET ADDRESS		
CITY-ST-ZIP						

14. I do breeby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

1/24/97 (305) 287865)

Dayt me Phone