

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 08 1996 8:00 am
Secretary of State

DOCUMENT # P95000050462 (7)

1. Corporation Name

ALEX ENTERPRISES OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

319 CADIMA AVE
CORAL GABLES FL 33134

319 CADIMA AVE
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 6800 SW 40 ST

22 City & State 27 #274

23 Zip 28 MIAMI

24 Country 29 FL 33155 30 DADE

3. Date Incorporated or Qualified
06/28/1995

3a. Date of Last Report

4. FEI Number 65-0658276
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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

ORIHUELA, NEWTON R
319 CADIMA AVE
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of person who signed and printed name of agent (if not the same person) (Printed Name of Agent) (Printed Name of Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME ORIHUELA, NEWTON R

STREET ADDRESS 319 CADIMA AVE

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VSD ☐ DELETE

NAME ORIHUELA, ALEIDA P

STREET ADDRESS 319 CADIMA AVE

CITY-ST-ZIP CORAL GABLES FL 33134

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEWTON R. ORIHUELA

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

8/3/96

(305) 443 6271

CR2E034 (3/96)