

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000066965 (1)**

1. Corporation Name
ALEXANDRIA LIBRARY INCORPORATED



Principal Place of Business

3655 SW 23 ST.
MIAMI FL 33145

Mailing Address

3655 SW 23 ST.
MIAMI FL 33145

3. Date Incorporated or Qualified **08/30/1995** 3a. Date of Last Report

4. FEI Number **65-0620958** 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

2a. Mailing Address

21 Suite, Apt. #, etc.

25 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZARRALUQUI, MARIA C
3655 SW 23 ST.
MIAMI FL 33145

81 Name **MODESTO AROCHA**

82 Street Address (P.O. Box Number is Not Acceptable) **3501 NW 18 ST**

83

84 City **MIAMI** FL 85 Zip Code **33125**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *M. Arocha* **Modesto A. Arocha** **01/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		11 TITLE	P
NAME		12 NAME	MARIA C. ZARRALUQUI
STREET ADDRESS		13 STREET ADDRESS	3655 SW 23 ST
CITY, ST, ZIP		14 CITY, ST, ZIP	MIAMI, FL 33145
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		21 TITLE	V
NAME		22 NAME	MODESTO A. AROCHA
STREET ADDRESS		23 STREET ADDRESS	3655 SW 23 ST
CITY, ST, ZIP		24 CITY, ST, ZIP	MIAMI, FL 33125
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		31 TITLE	S
NAME		32 NAME	DANIA ARENCIBIA
STREET ADDRESS		33 STREET ADDRESS	3655 SW 23 ST
CITY, ST, ZIP		34 CITY, ST, ZIP	MIAMI, FL 33145
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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

SIGNATURE: *M. Arocha* **Modesto Arocha, Vicepresident** **01/22/96** **634-9860**

CR2E00