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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000008765 (5)

ALEX SERVICE, INC.

## **FILED** Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			L 10#10#41 110 1011# 01411 00#11 00#11 00#11 00#11 0	JANAN IDIIN HOBIR OINDI BAH IBRI	
1100 E 21ST ST	<u>-</u>	650 W 64TH DR HIALEAH FL 33012			
HIALEAH FL 33013	HIALEAH FL 33012			DO NOT WRITE IN THIS ODAOF	
US	US			DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	5 SPACE
				01/29/1996	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 1046 EAST 26 STREE				65-0638086	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	27			<b>5.</b> Certificate of Status Desired	Fee Required
City & State	City & State	<del>}</del> 7 ·		6. Election Campaign Financing	<b>\$5.00</b> May Be
23 HIALEAH FLORIE				Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	4	8. This corporation owes or has paid the c	
24 33013 25 D.S. 9. Name and Address of Cu	rrent Registered Agent	[30]		Personal Property Tax due June 30.  10. Name and Address of New Registerer	Yes No
	Helit Hogistered Agent	81	Name	IO, Walle will Addition of their riegisters.	a Agoin
ALVAREZ, ALEJANDRO	<b>.</b>	62	<u> </u>		
7951 S.W. 40TH STREET #208B MIAMI FL 33155			Street Ad	ddress (P.O. Box Number is Not Acceptable)	
MINNA FE 33 133		63	<b></b>		
		84	City	F	L 85 Zip Code
				orporation 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 profiled name of registere	d areat and title if applicable (NO)	If Registered An	ent signature re	quired when reinstating) DATE	<u></u>
	AND DIRECTORS	13.	om ogradare to	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE PD	☐ DELE <b>TÉ</b>	1.1 TITLE			Change Addition
NAME ALVAREZ, ALEJANDRO		1.2 NAME			
STREET ADDRESS 7951 S.W. 40TH STREET	#208B	1.3 STREET	I ADDRESS		
CITY-ST-ZIP MIAMI FL 33155		1.4 CITY~	ST-ZIP		
TITLE VD	DELETE	2.1 TITLE		· ·	Change Addition
NAME ALVAREZ, BARBARA		2.2 NAME	İ		•
STREET ADDRESS 7951 S.W. 40TH STREET	#208B	2.3 STREET	ADDRESS		
CITY-ST-ZIP MIAMI FL 33155	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-	ST-ZIP	··· <u>··</u>	
TITLE TD	DELETE	3.1 TITLE		TD PAVED	Change Addition
NAME ALVAREZ, RAYSA		3.2 NAME	İ	SANTANA, RAYSA 7951 SW 40ST. #8088	,
STREET ADDRESS 7951 S.W. 40TH STREET	#208B	3.3 STREET		MIAMI F1. 33155	
CITY-ST-ZIP MIAMI FL 33155	Druste	3.4. CITY-	ST-ZIP	MIAMI F1: 33100	T Observe T Address
TITLE	☐ DELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAME	Į.		
STREET ADDRESS		4.3 STREET	- 1		
CITY-ST-ZIP	DELETE	4.4 CITY-S	ST-ZIP		☐ Change ☐ Addition
TITLE	L_ Octob	5.1 TITLE			C change C Modified
NAME ethect angless		52 NAME	ADDECC		
STREET ADDRESS		5.3 STREET			
CITY-ST-ZIP	DELETE	5.4 CITY - 8 6.1 TITLE	>1 - LIP		Change Addition
NAME		6.2 NAME			crosse receiton
STREET ADDRESS		6.3 STREET	ADDRESS		
CRY-ST-ZIP		6.4 CITY - S			

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