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 # P96000031834 (0)

ALEXANDER STAFFING GROUP, INC.

Principal Place of Business Mailing Address

4355 W. 16TH AVENUE 4355 W. 16TH AVENUE
SUITE 203-B
HIALEAH FL 33012 HIALEAH FL 33012

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Jan 15, 1998 825-2885

3. Date Incorporated or Qualified 04/11/1996

O Delegate at O					4 F51 Number		1					
2. Principal Place of Business			2a. Mailing Address					4. FEI Number			Applied For	
21			26					65-0662762			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State City & St.				tate				6. Election Campaign Financing		¢Ė 0	O 14 D	
23			28	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip					untry	this corporation over or has paid the content year mangane						
24 25 29 30 30 9. Name and Address of Current Registered Agent						Personal Property Tax due June 30. LI Yes Mo 10. Name and Address of New Registered Agent						
			negistered Agent	81	Name		10. Name and Address of New Re	gistereu z	gen	 -		
YANES, DAYLET M						Haine						
4051 S.W. 102ND AVENUE						82 Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33165												
						83						
						City				85 Zii	o Code	
j						City			FL	65 21	D OOGE	
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 Statutes, the above-tames 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 registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.	, -,	OFFICERS AND		13				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12	
TITLE	PD		DELET		TITLE					Change		
NAME		. DAYLET M			NAME							
STREET ADDRESS		W 102ND AVENUE				ADDRESS					:	
		L 33165										
CITY-ST-ZIP	MIAMI	-L 33103	DELETI		CITY-S	T-ZIP		- <u></u>		Change	Addition	
TITLE			C DECEN		TITLE					L Criange	: L Audition	
NAME .					NAME	j						
STREET ADDRESS				2.3	STREET	ADDRESS						
CITY-ST-ZIP					CITY-S	ST-ZIP						
TITLE			☐ DELET	E 3,1	TITLE					Change	Addition	
NAME				3.2	NAME							
STREET ADDRESS				3.3	STREET	ADDRESS						
CITY-ST-ZIP				3.4.	CITY-S	ST-ZIP						
TITLE			☐ DELETI	E 4.1	TITLE					Change	: Addition	
NAME				4. 2	NAME							
STREET ADDRESS				4.3	STREET	ADDRESS						
CITY-ST-ZIP				4.4	CITY-S	T-ZIP						
TITLE			☐ DELET	E 5.1	TITLE					Change	Addition	
NAME				5.2	NAME							
STREET ADDRESS				5.3	STREET	ADDRESS					j	
CITY-ST-ZIP					CITY-S	1					l	
TITLE			DELET		TITLE	. 411				Change	Addition	
NAME					NAME				•			
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	artific that th	a information supplied wit	h this filling does not our		CITY-S		in Sec	ction 119 07(3)(i) Florida Statutes 1:	further cer	tify that th	ne information	
14. I hereby certify that the information supplied with this filling 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												