

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90011 033 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000035247**  
 1. Corporation Name  
**ALEX, INC.**

Principal Place of Business 7171 SW 24 ST 203 MIAMI FL 33155 US	Mailing Address 320 NW 72 AVE. MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7171 SW 24 ST Suite 419</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>MIAMI FL</b>	Suite, Apt. #, etc. 27
City & State 23 <b>33155</b>	City & State 28
Zip 24	Country 25 <b>U.S.</b>

3. Date Incorporated or Qualified <b>04/23/1996</b>	
4. FEI Number <b>65-0683540</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GONZALEZ, FELIPE F**  
**320 NW 72 AVE.**  
**MIAMI FL 33126**

10. Name and Address of New Registered Agent  
 81 Name **PEDRO J. GONZALEZ**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**320 NW 72 AVE**  
 83  
 84 City **MIAMI** FL 85 Zip Code **33126**

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  DATE **04/23/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GONZALEZ, FELIPE</b>
STREET ADDRESS	<b>320 NW 72 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33126</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GONZALEZ, PEDRO J</b>
STREET ADDRESS	<b>320 NW 72 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33126</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>VICTORIA, CARLOS</b>
STREET ADDRESS	<b>320 NW 72 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33126</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PEDRO J. GONZALEZ</b>
1.3 STREET ADDRESS	<b>320 NW 72 AVE</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL 33126</b>
2.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>FELIPE GONZALEZ</b>
2.3 STREET ADDRESS	<b>320 NW 72 AVE</b>
2.4 CITY-ST-ZIP	<b>MIAMI</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:  DATE **04/23/99** (305) 261-8111  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)