

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 25 PM 4:13

DOCUMENT # P96000058586

1. Corporation Name
ALEXANDER OF AUSTRALIA II, INC.

Principal Place of Business Mailing Address
**5891 SW 72nd St.
South Miami, FL 33143-5200**

3. Date Incorporated or Qualified
7/11/96

3a. Date of Last Report

4. FEI Number
65-0698137

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. 26 **1323 SE 17th Street**

22 City & State 27 **228**

23 Zip Country 28 **Ft. Lauderdale**

24 25 29 **33316** 30 **USA**

9. Name and Address of Current Registered Agent

Lisa Frew
1323 SE 17 Street, #228
Ft. Lauderdale, FL 33316

10. Name and Address of New Registered Agent

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, 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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Lisa Frew* DATE **9-25-97**

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|---|--|---|
| TITLE | NAME | 11 TITLE | 12 NAME |
| <input type="checkbox"/> DELETE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D |
| STREET ADDRESS | Ptsehelngew, Alexander | 13 STREET ADDRESS | Frew, Lisa |
| CITY-ST-ZIP | 5891 SW 72 St., S. Miami, FL 33143 | 14 CITY-ST-ZIP | 1323 SE 17 St., #228, Ft. Lauderdale, FL |
| <input type="checkbox"/> DELETE | | 21 TITLE | |
| STREET ADDRESS | | 22 NAME | |
| CITY-ST-ZIP | | 23 STREET ADDRESS | |
| <input type="checkbox"/> DELETE | | 24 CITY-ST-ZIP | |
| STREET ADDRESS | | 31 TITLE | |
| CITY-ST-ZIP | | 32 NAME | |
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| CITY-ST-ZIP | | 41 TITLE | |
| <input type="checkbox"/> DELETE | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | | 51 TITLE | |
| STREET ADDRESS | | 52 NAME | |
| CITY-ST-ZIP | | 53 STREET ADDRESS | |
| <input type="checkbox"/> DELETE | | 54 CITY-ST-ZIP | |
| STREET ADDRESS | | 61 TITLE | |
| CITY-ST-ZIP | | 62 NAME | |
| <input type="checkbox"/> DELETE | | 63 STREET ADDRESS | |
| STREET ADDRESS | | 64 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *Lisa Frew* DATE: **9-25-97**

CR2E034 (9/96)

ALEXANDER'S
OF AUSTRALIA
HAIR DESIGN

5981
5885 SUNSET DRIVE
SOUTH MIAMI, FL 33143

TELE: 667-7419

Sept. 23 '97

To whom it may concern:
I authorize TED

as Acting agent for our
Corp. Alexander of Australia II Inc.
in our absence

Thank you!
Alex
ALEXANDER Ptschelinnere

We did not receive a first or
second notice. J. LISA FROW