04/20/1999 22:39 3053585599 MICHAEL GLI[illegible] PAGE 01

FILE NOW: FILING FEE [illegible]TER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90087 033 ***150.00

DOCUMENT # P 97000002867

1. Corporation Name
Alessandrin Collection, Inc.

Principal Place of Business
232 Miracle Mile
Coral Gables, Fl. 33134

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
Country
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
Country
29 30

3. Date Incorporated or Qualified
1-7-97

4. FEI Number
65-0716809
☐ 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 owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ALEJANDRINA TARAFA
7305 VISTALMAR STREET
CORAL GABLES, FL. 33143

10. Name and Address of New Registered Agent
91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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 [illegible] DATE

OFFICERS AND DIRECTORS

12.
TITLE President ☐ DELETE
NAME Alejandra Tarafa
STREET ADDRESS 232 Miracle Mile
CITY-ST-ZIP Coral Gables, Florida 33134
TITLE Secretary-Treasurer ☐ DELETE
NAME Carlos Tarafa
STREET ADDRESS 232 Miracle Mile
CITY-ST-ZIP Coral Gables, Florida 33134 ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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: [illegible] 4.22.99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #