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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024920

1. Corporation Name

ALEXANDER KHRIST PENSION INVESTORS GROUP CO.

Principal Place	e of Business	Mailing Address			I II BIII BII II II I I I I		10 11811 61616 16119 1	
9745 SUNSET D	OR STE 219	9745 SUNSET DR STE 219						
MIAMI FL 33173-4658 Mil		MIAMI FL 33173-4658	MIAMI FL 33173-4658		DO	NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated of			
					03/17/1997			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26		65-07 14289	65-0714289 Not Applic		Applicable	
Suite, Art.	#, etc.	Suite, Apt. #, etc.	_		5. Certifcate of Status	Desired 💢	\$8.75 A	
22		- 27	_				Fee Rec	
City & State		City & State		6. Electior Campaign Financing \$5.00 Nay Be Trust Fund Contribution Added to Fees				
23	Country	28 7ip	Country		Trust Fund Contribu			rees
Zip	Country	Zip	30		8. This corporation ow Personal Property 1	-	Intangible ☐ Yes	DINO.
24	25 9. Name and Address of Curren		301		10. Name and Addres			7
	5. 110110 41700	<u></u>	81 1	Name -				
CAM	ACHO, LISSETTE O		20	20 1 1 1	(D.O. Davidsonia I	lat A accetable)	-	
9745	SUNSET DR STE 219		82 5	Street Ador	ress (P.O. Box Number is N	iot Acceptable)		
MAIM	/II FL 33173-4658		83					
	Λ_{I}		94	~:			. 85 Zip C	<u> </u>
	/ \ //		84	City		F		cae
. 11. Pursuar₁t t	to the provisions of because but upo	z and 607, 1006. Piorida Statuta:	s, me above-n	iameu corp	MINISTER SUDITIES THIS STATELL	eur ioi me barbose	Ci changing its	registered
SIGNATURI:	to the provisions of Sections 607.050 egistered agent, or both in the State in familiar with, and accept the obligations and construct the section of the se	(LISSETTE (). CAW	(ACH)))	ereby accept the app	23-99	gistered
SIGNATURI	Signature, typed or printed yan a of registered age	(LISSETTE ((ACH)	id when reinstating)	DATE	20-47	
SIGNATURI:	Signature, typed or printed yan a of registered age	LUSSETTE (Registered Agent sk	(ACH)))	DATE	20-47	
SIGNATURI:	Signature, typed or printed fan a of registered age: ()FFICERS AN	LLSSETTE (_ Note First Control Control	Registered Agent sk	(ACH)	id when reinstating)	DATE	AND DIRECTO	R3 IN 12
SIGNATURE:	Signature, typed or printed fan a of registered age OFFICERS AN	LLSSETTE (_ Note First Control Control	Registered Agent signal 13.	(ACH)	id when reinstating)	DATE	AND DIRECTO	R3 IN 12
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I hereby certify that the informatical 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 uncer oath; that I am an officer or director of the corpration 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 changes for an attachment with an address, with all other like empowered. 14. I hereby certify that the information

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRES:

L'LISSETTE O. CAMBUHO)

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90005 022 ***158.75