## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State , DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

P97000033605 (1)

ALEXANDER AND ALEXANDER GARMENTS, INC.

Principal Place of Business 944-950 WEST 22ND STREET HIALEAH FL 33010 Mailing Address

944-950 WEST 22ND STREET HIALEAH FL 33010

FILED Jul 10 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  2a. Mailing Address  4. Fig Number  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  S. Name and Address of Current Registered Agent  BERNAM, FELICIA  944-950 WEST 22ND STREET  HIALEAH FL 33010  10. Name and Address (P.O. Box Number is Not Acceptable)  Signature I am familiar with, and accept the obligations of, section 607.0502, Florida Statutes.  SIGNATURE  Signature   Country   C
Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  BERNAM, FELICIA  944-950 WEST 22ND STREET  HIALEAH FL 33010  Residual City  FL  Street Address (P.O. Box Number is Not Acceptable)  10. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  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  Signature, typed or pointed name of registered agent and title # applicable  (NOTE. Registered Agent algrature required when reinstating)  DATE
Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Solute, Apt. #, etc.  So
22   27   5. Certificate of Status Desired   Fee Required
Trust Fund Contribution Added to Fees  Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  BERNAM, FEUCIA 944-950 WEST 22ND STREET HIALEAH FL 33010  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 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 femiliar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signature, lyped or pointed name of registered agent and into if applicable (NOTE Registered Agent signature required when reinstaling)  DATE
Country   Zip
25 29 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  BERNAM, FELICIA 944-950 WEST 22ND STREET HIALEAH FL 33010  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 agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes.  SIGNATURE  Signature, lyped or pointed name of registered agent and little if apphable (NOTE: Registered Agent signature required when rainstating)  DATE
9. Name and Address of Current Registered Agent  BERNAM, FELICIA 944-950 WEST 22ND STREET HIALEAH FL 33010  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 Vip 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, 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  Signature, lyped or pointed name of registered agent and litie if applicable (NOTE: Registered Agent signature required when rainstating)  DATE
BERNAM, FELICIA 944-950 WEST 22ND STREET HIALEAH FL 33010  81 Street Address (P.O. Box Number is Not Acceptable)  83 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, 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  Signature, lyped or pointed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating)  DATE
944-950 WEST 22ND STREET HIALEAH FL 33010  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, 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  Signature, lyped or pointed name of registered agent and little if applicable (NOTE: Registered Agent signature required when rainstating)  DATE
HIALEAM FL 33010  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, 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  Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating)  DATE
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  Signature, lyped or pointed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating)  DATE
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  Signature, lyped or pointed name of registered agent and line if applicable (NOTE: Registered Agent signature required when rainstating)  DATE
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  Signature, lyped or pointed name of registered agent and into if applicable (NOTE: Registered Agent signature required when rainstating)  DATE
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  Signature, lyped or pointed name of registered agent and into if applicable (NOTE: Registered Agent signature required when rainstating)  DATE
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  Signature, lyped or pointed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating)  DATE
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating)  DATE
SIGNATURE
Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating)  DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE Change Addition
NAME BERNAL, FELICIA 1.2 NAME
STREET ADDRESS 478 WEST 44TH PLACE 1.3 STREET ADDRESS
CITY-ST-ZIP HIALEAH FL 33012 1.4 CITY-ST-ZIP
TITLE DELETE 2.111YLE Change Addition
NAME 2.2 NAME
STREET ADDRESS 23 STREET ADDRESS
CITY-ST-ZIP 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME  3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4 CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY.ST-ZIP 4.4 CITY.ST-ZIP
TITLE DELETE 5.1 TITLE ; Change Addition
NAME 5.2 NAME 700002585937 STREET ADDRESS -07/13/9801019008
CITY-ST-ZIP
TITLE DELETE 6.1 TITLE  NAME  DELETE 6.2 NAME  C Y C Change Addition
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP  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

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.

SIGNATURE:

Felicia Bense!

KZEU34 (5/98)