PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

-1999 **DOCUMENT #** P97000033605

ALEXANDER AND ALEXANDER GARMENTS, INC.

HALEAH FL 33010

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90028 013 ***550.00



Principal Place of Business Mailing Address 944-950 WEST 22ND STREET 44-950 WEST 22ND STREET HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0746547 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country Country Zip 8. This corporation owes the current year Zìp Intangible Personal Property. 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BERNAM, FELICIA 82 Street Address (P.O. Box Number is Not Acceptable) 944-950 WEST 22ND STREET HIALEAH FL 33010 83 Zip Code 84 City 85 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. **IGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. PD 1.1 TITLE Change Addition LE DELETE BERNAL, FELICIA 1.2 NAME Æ 474 WEST 44TH PLACE 1.3 STREET ADDRESS EET ADDRESS HIALEAH FL 33012 1.4 CITY-ST-ZIP Y-ST-ZIP DELETE 2.1 TITLE Æ 2.2 NAME ŧΕ 2.3 STREET ADDRESS EET ADDRESS 2.4 CITY-ST-ZIP '-ST-ZIP 3.1 TITLE Addition Ε DELETE 3.2 NAME F 3.3 STREET ADDRESS BET ADDRESS 3.4 CITY-ST-ZIP ST-ZIP 4.1 TITLE Addition DELETE 4.2 NAME 4.3 STREET ADDRESS ETADORESS 4.4 CITY-ST-ZIP ST-ZIP 5.1 TITLE DELETE Addition 5.2 NAME 5.3 STREET ADDRESS ET ADDRESS 5.4 CITY-ST-ZIP 3T-ZIP 6.1 TITLE DELETE ___ Change 6.2 NAME 6.3 STREET ADDRESS **STADDRESS** 17. 南京村 BPM上。 6.4 CITY-ST-ZIP

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 ndicated 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 in 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 a Block 12 or Block 13 if changed, or on an attachment with an address.

SNATURE:

Daytime Phone #

CR2E034 (5/99)