

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**  
**1998**



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

**DOCUMENT # P97000052232 (0)**

1. Corporation Name

**ALEXBEL CORPORATION**

Principal Place of Business

**4538 OAK HAVEN DR #301  
ORLANDO FL 32839**

Mailing Address

**4538 OAK HAVEN DR #301  
ORLANDO FL 32839**

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**

9. Name and Address of Current Registered Agent

**SILVA, ALEXANDRE B  
4538 OAK HAVEN DR #301  
ORLANDO FL 32839**

3. Date Incorporated or Qualified

**06/12/1997**

4. FEI Number

**59-3454825**

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 or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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, 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPVT** ☐ DELETE  
NAME **SILVA, ALEXANDRE B**  
STREET ADDRESS **4538 OAK HAVEN DR #301**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **S** ☐ DELETE  
NAME **SILVA, ALEXANDRE B**  
STREET ADDRESS **4538 OAK HAVEN DR #301**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

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.

SIGNATURE

*[Signature]*

*[Signature]*

FILED

98 JUL 17 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/98)

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ORLANDO, 07/07/98

TO: FLORIDA DEPARTMENT OF STATE  
FROM: ALEXBEL CORP

I HAVE RECEIVED FROM THE FLORIDA DEPARTMENT OF STATE A SECOND NOTICE FOR THE 1998 PROFIT CORP ANNUAL REPORT WITH INSTRUCTIONS TO PAY A LATE FEE OF US \$50.00 FOR NO PAYMENTS BY THE DUE DATE. THIS THE FIRST TIME THAT I PAY THE ANNUAL CORPORATION FEE AND I EXPECTED TO PAY THE AMOUNT OF US\$150.00 (AS MY ACCOUNTER SAID). BUT THE POINT IS, THAT I HAVE NEVER RECEIVED THE STUB TO PAY BY THE DUE DATE AND THE FIRST NOTICE AS WELL. MAYBE THOSE NOTICES HAVE BEEN CROSSED IN THE MAIL.

SO, I DECIDED CALL THE PHONE NUMBER ON THE FRONT PAGE OF THE SECOND NOTICE TO VERIFY WHAT WAS GOING ON. AND I WAS DIRECTED TO WRITE THIS LETTER EXPLAINING WHAT HAPPENED TO MY CORPORATION AND ENCLOSE A CHECK OF US\$150.00 FOR THE FILING FEE.

I EXPECT HAVE PROCEEDED CORRECTLY WRITING THIS LETTER.  
THANK YOU VERY MUCH,

  
ALEXANDRE B DA SILVA  
ALEXBEL CORP