

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000074811

1. Corporation Name

ALEXIS LORDS', INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

65-0777711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐

**\$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

2. Principal Place of Business

21 8004 NW 154th Street

22 Suite, Apt. #, etc.  
212

23 City & State  
Miami Lakes, Florida

24 Zip  
33016

Country

25 U.S.A.

2a. Mailing Address

26 8004 NW 154th Street

27 Suite, Apt. #, etc.  
212

28 City & State  
Miami Lakes, Florida

29 Zip  
33016

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

ALAN J. SHUMINER

82 Street Address (P.O. Box Number is Not Acceptable)

1200 Brickell Avenue

83

Suite 1680

84 City

Miami

FL

85 Zip Code  
33131

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HERRERA, RAUL	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	RODRIGUEZ, ALEXIS	
13 STREET ADDRESS	8004 NW 154th Street, Suite #212	
14 CITY-ST-ZIP	Miami Lakes, Florida 33016	

21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MARTINEZ, ORLANDO	
23 STREET ADDRESS	8004 NW 154th Street, Suite #212	
24 CITY-ST-ZIP	Miami Lakes, Florida 33016	

31 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	JEFFREY, MICHAEL T.	
33 STREET ADDRESS	8004 NW 154th Street, Suite #212	
34 CITY-ST-ZIP	Miami Lakes, Florida 33016	

41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 file 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-823-4212

CR2E034 (10/97)