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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092202 (5)

Principal Place of Business 7350 NW 35 STREET MIAMI FL 33122 ALEX WHOLESALE IMPORT AND EXPORT CORP. Mailing Address 7350 NW 35 STREET MIAMI FL 33122				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2 Principal P	Place of Business	2a, Mailing Address		10/27/1997 4. FEI Number	A P d F.
21		26 Mining Address		65-0802721	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	it Hegistered Agent	81 Name	10. Name and Address of New Register	ed Agent
HERNANDEZ, JOSE A 7350 NW 35 STREET MIAMI FL 33122			Maille		
			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	=	85 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or previod name of registered age		authorized by the corpora prida Statutes. E: Registered Agent signature req	rporation submits this statement for the purpose ation's board of directors. I hereby accept the accept the accept when reinstating)	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	OP 1005	☐ DELETE	1.1 TITLE		Change Addition
NAME	HERNANDEZ, JOSE A		1.2 NAME		
STREET ADDRESS	7350 NW 35 STREET MIAMI FL 33122		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33122	DELETE	1.4 CITY - ST - ZIP		Change Addition
NAME		(T) perrie	2.1 TITLE		Change Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CHY-ST-ZIP		
TITLE		DELETÉ	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		
STREET ADDRESS			5.3 STREET ADDRESS		I
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	/ \	DELETE	6.1 TITLE		Change Addition
NAME	/ /	1)	6.2 NAME		
STREET ADDRESS	1 1	1 /	6.3 STREET ADDRESS		

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an assure appears in the same legal effect as if made under oath; that I am an assure appears in the an address. 14. I hereby certify that the information indicated on this annual report or st officer or director of the corporation Block 12 or Block 13 if changed, or

CITY-ST-ZIP

FILED

Feb 23 1998 8:00am

Secretary of State