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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092202

ALEX WHOLESALE IMPORT AND EXPORT CORP.

Principal	Place of Business
7350 NW 3	

Mailing Address

FILED Mar 01, 1999 8:00 am **Secretary of State**

03-01-1999 90104 022 ***150.00



7350 NW 35 STREET MIAMI FL 33122 MIAMI FL 33122 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/27/1997 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business Not Applicable 65-0802721 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired - Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 28 23 Country Country Zip Zip This corporation owes the current year Intangible □No Personal Property Tax. 29 30 25 24 10. Name and Address of New Registeres Agent 9. Name and Address of Current Registered Agent RODRIGUEZ, EULOGIO M 82 Street Address (P.O. Box Number is Not Acceptable) 7350 NW 35 STREET **MIAMI FL 33122** 83 Zip Code 84 City 85

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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE RODRIGUEZ, EULOGIO M 12 NAME NAME 7350 NW 35 STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33122** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE FRANCISCO, ROBERTO 2.2 NAME NAME 7350 NW 35-STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI EL 33122 2. 4 CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE SD 3.1 TITLE HERNANDEZ, JOSE A 3.2 NAME NAME 7350 NW 35 STREET 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33122** 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 receiptr or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receive Block 12 or Block 13 if changed an address, with all other like empowered.

SIGNATURE

REQUIRED

905 4776899 Daytime Phone #

CR2E034 (11/98