


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

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May 01, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000092575

1. Corporation Name
ALEXANDRA'S FASHIONS & JEWELRY, INC.

Principal Place of Business 2200 N FORSYTH RD. SUITE D-36 ORLANDO FL 32807	Mailing Address 2200 N FORSYTH RD. SUITE D-36 ORLANDO FL 32807
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1998	
21 Suite, Apt. #, etc.	22 City & State	25 Zip	26 Country	4. FEI Number 59-3530062	Applied For Not Applicable
23 City & State	24 Zip	27 City & State	28 Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29 City & State	30 Zip	31 City & State	32 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CORDOVA, MIGDALIA
2200 N FORSYTH RD, SUITE D-36
ORLANDO FL 32807

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PS	NAME		CORDOVA, MIGDALIA	
STREET ADDRESS	7814 FARNSWORTH CT	CITY-ST-ZIP		ORLANDO FL 32825	
TITLE	V	NAME		REVERON, AURORA	
STREET ADDRESS	9465 EMILY LOOP APT 102	CITY-ST-ZIP		ORLANDO FL 32817	
TITLE	TD	NAME		REVERON, AURORA	
STREET ADDRESS	9465 EMILY LOOP APT 102	CITY-ST-ZIP		ORLANDO FL 32817	
TITLE	D	NAME		GONZALEZ, ALEXANDRA	
STREET ADDRESS	2745 UNITED KINGDOM CIRCLE	CITY-ST-ZIP		WINTER PARK FL 32792	
TITLE		NAME			
STREET ADDRESS		CITY-ST-ZIP			
TITLE		NAME			
STREET ADDRESS		CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P	1.2 NAME		Migdalía Cordova	
1.3 STREET ADDRESS	7814 Farnsworth Ct.	1.4 CITY-ST-ZIP		Orlando, Fl. 32825	
2.1 TITLE		2.2 NAME			
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP			
3.1 TITLE		3.2 NAME			
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP			
4.1 TITLE	S	4.2 NAME		Alexandra Gonzalez	
4.3 STREET ADDRESS	6279 Curry Ford Rd. apt 152	4.4 CITY-ST-ZIP		Orlando, Fl. 32822	
5.1 TITLE	D	5.2 NAME		Carlos Rodriguez	
5.3 STREET ADDRESS	9414 Beadkin St.	5.4 CITY-ST-ZIP		Orlando, Fl. 32825	
6.1 TITLE		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, with all other information empowered.

SIGNATURE: *Aurora Reveron* **5/30/99 (407) 671-7129**

CR2E034 (11/98)