

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S07831 (8)
1. Corporation Name
ALEXANDER H. FINANCE COMPANY



Principal Place of Business Mailing Address
C/O KIRKPATRICK & LOCKHART C/O KIRKPATRICK & LOCKHART
8300 NW 58 ST 9300 NW 58 ST
MIAMI FL 33178 MIAMI FL 33178
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	10/22/1990	65-0224590	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes or has paid the current year Intangible		
24	25	Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country	Country			
29	30			

9. Name and Address of Current Registered Agent

BINGHAM, J. REID
C/O KIRKPATRICK & LOCKHART
201 S. BISCAYNE BLVD., SUITE 2000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name MANUEL COHEN
82 Street Address (P.O. Box Number is Not Acceptable)
9300 NW 58th ST.
83 STE 209
84 City MIAMI FL 85 Zip Code 33178

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]* (NOTE: Registered Agent signature required when reinstating) DATE 1/26/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINELLI, GUIDO	1.2 NAME	
STREET ADDRESS	8300 NW 58 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINAKYS, JUAN C	2.2 NAME	
STREET ADDRESS	8300 NW 58 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, AUGUSTO	3.2 NAME	
STREET ADDRESS	3105 NW 79TH AVENUE	3.3 STREET ADDRESS	9300 NW 58 ST - SUITE 209
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	MS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MANUEL	4.2 NAME	
STREET ADDRESS	9300 NW 58 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROCHAUX, CHRISTOPHE	5.2 NAME	
STREET ADDRESS	8300 NW 58 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* CHRISTOPHE FROCHAUX VP 1/26/98 (305)593-5302

CR2E034 (10/97)