

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 06/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S07831

1. Corporation Name

ALEXANDER H. FINANCE COMPANY

Principal Place of Business

9300 NW 58 Street
Suite 209
Miami, FL 33178
US

Mailing Address

9300 NW 58 Street
Suite 209
Miami, FL 33178
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1990

4. FEI Number

65-0224590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

~~MANUEL COHEN~~
~~9300 NW 58 Street~~
~~Suite 209~~
~~Miami, FL 33178~~

10. Name and Address of New Registered Agent

81 Name **JAIME CUNILL**
82 Street Address (P.O. Box Number is Not Acceptable)
9300 NW 58 Street
83 Suite **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, typed or printed name of registered agent and file if applicable

(If not: registered agent signature required when reinstating)

DATE

11-18-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATINELLI, GUIDO	
STREET ADDRESS	9300 NW 58 Street - Suite 209	
CITY-STATE-ZIP	Miami, FL 33178	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	MARINAKYS, JUAN C.	
STREET ADDRESS	9300 NW 58 Street - Suite 209	
CITY-STATE-ZIP	Miami, FL 33178	
TITLE	DPNST	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, MANUEL	
STREET ADDRESS	9300 NW 58 Street - Suite 209	
CITY-STATE-ZIP	Miami, FL 33178	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	900003067199--5
1.4 CITY-STATE-ZIP	-12/13/99--01008--001
2.1 TITLE	*****61.25 *****61.25
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	PS
3.2 NAME	CUNILL, JAIME
3.3 STREET ADDRESS	9300 NW 58 Street - Suite 209
3.4 CITY-STATE-ZIP	Miami, FL 33178
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-18-99 (30v) 793-V302

CR2E034 (5/99)