

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # S07831

1. Entity Name

ALEXANDER H. FINANCE COMPANY

FILED
May 11, 2000 8:00 am
Secretary of State

03-28-2000 90039 032 ***150.00

Principal Place of Business XXXXXXXXXXXXXXXXXXXX XXXXXX MIAMI FL 33178 US	Mailing Address XXXXXXXXXXXXXXXXXXXX XXXXXX MIAMI FL 33178 US
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2. Principal Place of Business 2801 Ponce de Leon Blvd Suite, Apt. #, etc. Suite 1010	3. Mailing Address 2801 Ponce de Leon Blvd Suite, Apt. #, etc. Suite 1010
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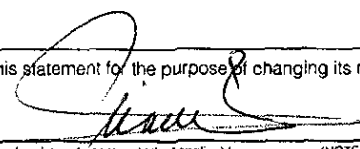
City & State Coral Gables, Florida	City & State Coral Gables, Florida
Zip 33134	Country USA

4. FEI Number 65-0224590	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COHEN, MANUEL 9300 NW 58 STREET, STE 209 MIAMI FL 33178

7. Name and Address of New Registered Agent Name JAIME CUNILL Street Address (P.O. Box Number is Not Acceptable) 2801 Ponce de Leon Blvd. Suite 1010 City Coral Gables FL Zip Code 33134
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE  DATE April 9, 2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINELLI, GUIDO 9300 NW 58 ST MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS MARINAKYS, JUAN C 9300 NW 58TH ST., STE 209 MIAMI FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPMS COHEN, MANUEL 9300 NW 58 STREET, STE 209 MIAMI FL 33178 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINELLI, GUIDO 2801 Ponce de Leon Blvd. Suite 1010 Coral Gables, FL. 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS MARINAKYS, JUAN C 2801 Ponce de Leon Blvd. Suite 1010 Coral Gables, FL. 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CUNILL, JAIME 2801 Ponce de Leon Blvd. Suite 1010 Coral Gables, FL. 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  REQUIRED CUNILL 3/24/00 (305) 444 2940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)