

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

FILED  
Jun 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S17518 (9)  
1. Corporation Name  
ALEJANDRO & TERESA CORPORATION



Principal Place of Business  
1575 SW 8TH ST  
TWO SOUTH BISCAYNE BLVD. SUITE 3400  
MIAMI FL 33155  
US

Mailing Address  
2 S BISCAYNE BLVD. STE. 3400  
TWO SOUTH BISCAYNE BLVD. SUITE 3400  
MIAMI FL 33131-1897  
US

3. Date Incorporated or Qualified 12/11/1990  
3a. Date of Last Report 07/19/1996

|                                |                        |   |                                |
|--------------------------------|------------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number   | Applied For                    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 65-0245101  | Not Applicable                 |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| 24 Country                     | 29 Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes No                         |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, ENRIQUE III  
ONE BISCAYNE TOWER  
2 S BISCAYNE BLVD / STE - 340  
MIAMI FL 33131

81 Name Teresa D. Safie  
82 Street Address / P.O. Box Number (if Not Applicable) 1575 SW 8th Street  
83  
84 City Miami FL 85 Zip 33135

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 *Teresa D. Safie* 6/6/97  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |
|----------------------------|------------------------|---|--------------------|
| TITLE                      | D                      | 1.1 TITLE   | President          |
| NAME                       | SAFIE, TERESA          | 1.2 NAME  | Teresa D. Safie    |
| STREET ADDRESS             | 9500 S.W. 102ND STREET | 1.3 STREET ADDRESS                                    | 1575 SW 8th Street |
| CITY-ST-ZIP                | MIAMI FL               | 1.4 CITY-ST-ZIP                                       | MIAMI FL 33135     |
| TITLE                      |                        | 2.1 TITLE   |                    |
| NAME                       |                        | 2.2 NAME  |                    |
| STREET ADDRESS             |                        | 2.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                        | 2.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                        | 3.1 TITLE   |                    |
| NAME                       |                        | 3.2 NAME  |                    |
| STREET ADDRESS             |                        | 3.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                        | 3.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                        | 4.1 TITLE   |                    |
| NAME                       |                        | 4.2 NAME  |                    |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                        | 5.1 TITLE   |                    |
| NAME                       |                        | 5.2 NAME  |                    |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                        | 6.1 TITLE   |                    |
| NAME                       |                        | 6.2 NAME  |                    |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                        | 6.4 CITY-ST-ZIP                                       |                    |

14. I do 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.

CR2E034 (9/96)