

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # S22355 (9)**

1. Corporation Name

**THE ALEXANDER OVEN COMPANY, INC.**



Principal Place of Business

Mailing Address

**2560 TIGERTAIL AVENUE  
#4  
COCONUT GROVE FL 33133**

**2560 TIGERTAIL AVENUE  
#4  
COCONUT GROVE FL 33133**

3. Date Incorporated or Qualified  
**12/28/1990**

3a. Date of Last Report  
**08/15/1995**

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**65-0244178**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

**TSOTSOS, NICHOLAS  
2560 TIGERTAIL AVENUE  
#4  
COCONUT GROVE FL 33133**

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE ☐ DELETE  
NAME **VSD**  
STREET ADDRESS **TSOTSOS, NICHOLAS**  
CITY - ST - ZIP **2560 TIGERTAIL AVE #4**  
**COCONUT GROVE FL**

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **TSOTSOS, THOMAS**  
CITY - ST - ZIP **1902 LENNOX ROAD EAST**  
**PALM HARBOR FL**

TITLE ☐ DELETE  
NAME **VTD**  
STREET ADDRESS **VELAZQUEZ, RAY**  
CITY - ST - ZIP **5700 SW 97 ST**  
**MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

**SIGNATURE:**

**Nicholas Tsotsos**

**7/31/96**

**(305) 323-2796**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)