

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # S22355 (9)

1. Corporation Name
THE ALEXANDER OVEN COMPANY, INC.



Principal Place of Business:
**2560 TIGERTAIL AVENUE
#4
COCONUT GROVE FL 33133**

Mailing Address:
**2560 TIGERTAIL AVENUE
#4
COCONUT GROVE FL 33133-4740**

2. Principal Place of Business:

2a. Mailing Address:

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

g. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
12/28/1990

3a. Date of Last Report
08/12/1996

4. FFI 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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(8), 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 607.06(5), Florida Statutes.

SIGNATURE

Signature type and use. Do not sign for another person. Do not sign for a corporation.

Do not sign for another person. Do not sign for a corporation.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	TSOTSOS, NICHOLAS	
STREET ADDRESS	2560 TIGERTAIL AVE #4	
CITY- ST- ZIP	COCONUT GROVE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TSOTSOS, THOMAS	
STREET ADDRESS	1902 LENNOX ROAD EAST	
CITY- ST- ZIP	PALM HARBOR FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	VELAZQUEZ, RAY	
STREET ADDRESS	5700 SW 97 ST	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
17 STREET ADDRESS	
17 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(b), 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 holder or 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 as an attachment with an address.

Nicholas Tsotsos *Thomas Tsotsos* *Ray Velazquez* 4/24/97 (305) 323-2796

CR25034 (9/96)