

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 10:07

DOCUMENT # **S67503** (0)

1. Corporation Name  
**ALEX'S PLACE, INC.**

Principal Place of Business Mailing Address  
**657 WASHINGTON AVENUE MIAMI BEACH FL 33139-5802** **657 WASHINGTON AVENUE MIAMI BEACH FL 33139-5802**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/19/1991	04/29/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		65-0276097	
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GONZALEZ, ALEJANDRO E (NOT ANY MORE) 857 WASHINGTON AVENUE MIAMI BEACH FL 33139				81 Name	ROXANA BALAREZO		
				82 Street Address (P.O. Box Number is Not Acceptable)	780 NE. 69th St Apt 1105 Miami, FL. 33138-5749		
				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: *Roxana Balarezo* DATE: 2/11/95

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, ALEJANDRO E (NOT ANY MORE)	1.2 NAME	ROXANA A. BALAREZO
STREET ADDRESS	6423 COLLINS AVE. #302	1.3 STREET ADDRESS	780 NE. 69th St Apt 1105
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami, FL. 33138-5749
TITLE	VTD	2.1 TITLE	VTD SD <input checked="" type="checkbox"/> Addition
NAME	FRETO, EMILIO (NOT ANY MORE)	2.2 NAME	JOHN WILLIAM BAEZA
STREET ADDRESS	6423 COLLINS AVE. #302	2.3 STREET ADDRESS	780 NE. 69th St Apt 1105
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Miami, FL. 33138-5749
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNINQUEZ, JESSIE (NOT ANY MORE)	3.2 NAME	
STREET ADDRESS	6423 COLLINS AVE. #302	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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: *Roxana Balarezo* DATE: 1-17-94 (305) 538-1534