

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

**FILED**  
**May 02 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 # 287783 (5)**

1. Corporation Name  
**ALESAM CORP.**



Principal Place of Business  
**201 S BISCAYNE BLVD.  
 MIAMI FL 33131  
 US**

Mailing Address  
**C/O SHUTTS & BOWEN  
 201 S. BISCAYNE BLVD., 16TH FLOOR  
 MIAMI FL 33131-4325  
 US**

3. Date Incorporated or Qualified  
**12/15/1964**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**59-1090542**

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

2. Principal Place of Business

21 **4000 Hollywood Blvd.**

22 **Suite 735 South**

23 **Hollywood, FL**

24 **33021**

25 **Broward**

2a. Mailing Address

26 **c/o Michael Gable Law Offices**

27 **4000 Hollywood Blvd.**

28 **Hollywood, FL**

29 **33021**

30 **Broward**

9. Name and Address of Current Registered Agent

**RUBIN, ALLAN  
 201 S. BISCAYNE BLVD.  
 18TH FLOOR  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name  
**Michael Heit**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4000 Hollywood Blvd.**

83 **Suite 735 South**

84 City  
**Hollywood**

85 Zip Code  
**FL 33021**

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 *Michael Heit* DATE **4/22/97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	REIBEL, ALBERT S.	
STREET ADDRESS	1553 NORTH 14TH TERRACE	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLUMBERG, LESLIE	
STREET ADDRESS	1553 NORTH 14TH TERRACE	
CITY- ST- ZIP	HOLLYWOOD 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1201 Johnson Street
1.4 CITY- ST- ZIP	Hollywood, FL 33019
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1201 Johnson Street
2.4 CITY- ST- ZIP	Hollywood, FL 33019
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

I 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 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 familiar with, and accept the obligations of, Chapter 607, Florida Statutes; and that my name is not on the list of officers, directors, or persons named in Block 13 if changed, or on an attachment with an address.

*Albert S. Reibel* Albert S. Reibel 4/24/97 954 929 1079  
 D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (9/96)