

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

FILED

Jan 23 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 # P94000045604 (3)

1. Corporation Name
ALLIED COMMERCE INC.



Principal Place of Business
16425 COLLINS AVE.
UNIT 1515
NORTH MIAMI BEACH FL 33160

Mailing Address
16425 COLLINS AVE.
UNIT 1515
NORTH MIAMI BEACH FL 33160-4541

3. Date Incorporated or Qualified: 06/17/1994
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business
21 5801 BISCAYNE BOULEVARD
2a. Mailing Address
21 5801 BISCAYNE BOULEVARD

4. FEI Number: 65-0500009
Applied For: Not Applicable

22 Suite Apt. # etc.
27 Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 MIAMI Florida
28 MIAMI Florida

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 33137 USA
25 USA
29 33137
30 USA

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

SHKOLNIK, BORIS
SUITE 1515
16425 COLLINS AVE.
N. MIAMI BCH. FL 33160

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5801 BISCAYNE BOULEVARD
83 City: MIAMI
84 City: MIAMI
85 Zip Code: FL 33137

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTSD	<input type="checkbox"/> DELETE
NAME	SHKOLNIK	
STREET ADDRESS	16425 COLLINS AVE.	
CITY - ST - ZIP	N. MIAMI BCH. FL 33160	
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		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5801 BISCAYNE BOULEVARD
1.4 CITY - ST - ZIP	MIAMI Florida 33137
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

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.

SIGNATURE: _____ DATE: 1-16-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DAYTIME PHONE #: 305 754 9694

CR2E034 (9/96)