

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

FILED
Aug 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V07078
 1. Corporation Name
ALLISTON PROPERTIES, INC.

Principal Place of Business 801 Brickell Avenue Suite 927 Miami, FL 33131	Mailing Address 801 Brickell Avenue Suite 927 Miami, FL 33131
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2. Principal Place of Business 21 701 Brickell Avenue	2a. Mailing Address 26 701 Brickell Avenue
22 Suite, Apt. #, etc. Suite 3120	27 Suite, Apt. #, etc. Suite 3120
23 City & State Miami, FL	28 City & State Miami, FL
24 Zip 33131	29 Zip 33131
25 Country	30 Country

3. Date Incorporated or Qualified 1/16/92	3a. Date of Last Report 2/1/96
4. FEI Number 59-3102307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Corporation Company of Miami
 c/o Raúl J. Salas
 201 S. Biscayne Boulevard, Suite 1600
 Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D/V/S	<input type="checkbox"/> DELETE
NAME	Dewar, Daska R.	
STREET ADDRESS	Rinconada El Salto 202	
CITY - ST - ZIP	Huechuraba, Santiago, Chile	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	Ibanez, Juan E.	
STREET ADDRESS	Rinconada El Salto 202	
CITY - ST - ZIP	Huechuraba, Santiago, Chile	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	Luis A. de Armas	
STREET ADDRESS	201 S. Biscayne Blvd., #1500	
CITY - ST - ZIP	Miami, Florida 33131	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	D/P/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 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	

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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: Luis A. de Armas Luis A. de Armas 7-14-97 (305) 358-6300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CSP/F034 (9/96)