

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000052590 (5)

1. Corporation Name

ALLSTATE REALTY SERVICES, INC.

Principal Place of Business

Mailing Address

6887 S.W. 40TH STREET
 MIAMI FL 33155
 US

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 MIAMI FL 33155
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/22/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0428973	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

2a. Mailing Address

21 8370 WEST FLAGLER ST.

26 8370 WEST FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 145

27 SUITE # 145

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33144

25

29 33144

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUENCA, DAISY N
 5819 SW 42 TERR
 MIAMI FL 33155**

81 Name CUENCA DAISY N.
82 Street Address (P.O. Box Number is Not Acceptable) 8490 S.W. 4TH ST.
83
84 City MIAMI, FL
85 Zip Code 33144

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

Daisy N. Cuenca
 Signature (typed or printed name of registered agent and the Corporation)

(Date) Registered Agent signature required when re-registering.

DATE

6/6/95

12. OFFICERS AND DIRECTORS

13.

ADDITIONAL CHANGES TO OFFICERS, AND DIRECTORS (if any)

☐ Change ☐ Addition

TITLE P	TITLE P
NAME CUENCA, DAISY N	NAME DAISY N. CUENCA
STREET ADDRESS 6887 S.W. 40TH STREET	STREET ADDRESS 8370 WEST FLAGLER ST. SUITE # 145
CITY - ST - ZIP MIAMI FL	CITY - ST - ZIP MIAMI, FL. 33144
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP

11 TITLE PRESIDENT	☐ Change ☐ Addition
12 NAME DAISY N. CUENCA	
13 STREET ADDRESS 8370 WEST FLAGLER ST. SUITE # 145	
14 CITY - ST - ZIP MIAMI, FL. 33144	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 or liquidator 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95

665-2249