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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J51871 (8)

1. Corporation Name

ALSON OF HOMESTEAD, INC.



Principal Place of Business

30070 S. FEDERAL HIGHWAY
HOMESTEAD FL 33033
US

Mailing Address

2390 N.W. 107TH AVE.
MIAMI FL 33172
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SONNENKLAR, HERBERT
2390 NW 107TH AVE.
MIAMI FL 33172

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title, if applicable

Signature, typed or printed name of agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

PD
SONNENKLAR, HERBERT
2390 N.W. 107TH
MIAMI FL

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

PS
SONNENKLAR, J.
2390 N.W. 107TH AVE.
MIAMI FL

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

Change

Addition

2. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

Change

Addition

2. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

Change

Addition

3. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

Change

Addition

4. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

Change

Addition

5. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

Change

Addition

6. NAME

63. STREET ADDRESS

64. CITY-STATE-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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. SONNENKLAR 3/27/96 597-5555

CR2E034 (12/95)