


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

FILED

May 06 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 # P93000052590 (5)			
1. Corporation Name ALLSTATE REALTY SERVICES, INC.			
Principal Place of Business 8370 WEST FLAGLER ST SUITE 145 MIAMI FL 33144 US		Mailing Address 8370 WEST FLAGLER ST SUITE 145 MIAMI FL 33144-2038 US	
2. Principal Place of Business 21 ALLSTATE REALTY SERVICES, INC. Suite, Apt. #, etc. 22 8370 W FLAGLER ST., SUITE #145 City & State 23 MIAMI, FLORIDA 33144 Zip Country 24 33144 25 DADE		2a. Mailing Address 26 ALLSTATE REALTY SERVICES, INC. Suite, Apt. #, etc. 27 8370 W FLAGLER ST., SUITE #145 City & State 28 MIAMI, FLORIDA 33144 Zip Country 29 33144 30 DADE	
9. Name and Address of Current Registered Agent CUENCA, DAISY N 8370 WEST FLAGLER ST SUITE 145 MIAMI FL 33144		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



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5/28/97

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