

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000052590 (5)**

1. Corporation Name

ALLSTATE REALTY SERVICES, INC.

Principal Place of Business

**ALLSTATE REALTY SERVICES, INC.
8370 W FLAGLER ST. #145
MIAMI FL 33144
US**

Mailing Address

**ALLSTATE REALTY SERVICES, INC.
8370 W FLAGLER STREET. #145
MIAMI FL 33144
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME CUENCA, DAISY N
STREET ADDRESS 8370 WEST FLAGLER ST STE 145
CITY-STATE-ZIP MIAMI FL 33144**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
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CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
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CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

000002598320

-07/24/98--01097--040

*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Daisy N Cuenca

7/14/98

305 228 0070

CR2E034 (5/98)



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FLORIDA DEPT. OF STATE
P. O. BOX 8327
TALLAHASSEE, FLORIDA 32314

8370 W. Flagler St.
Suite 145
Miami, Florida 33144
Tel: (305) 228-0070
Fax: (305) 228-9060

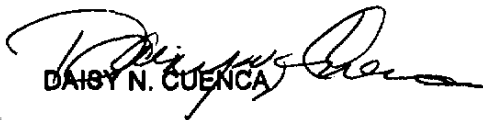
REF: DOCUMENT # P93000052590 (5)

DEAR SIR(S):

PLEASE BE ADVISED THAT THE REASON AS TO WHY THE RENEWAL
WAS NOT PAID ON TIME, WAS DUE TO THE FACT THAT I NEVER
RECEIVED A FIRST NOTICE. KINDLY ACCEPT THE ENCLOSED PAYMENT
OF \$150.00 AS FULL PAYMENT FOR RENEWAL.

SHALL YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO
CONTACT ME.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION, I REMAIN,
TRULY YOURS,


DAISY N. CUENCA