

FILED

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 194105 (3)
1. Corporation Name:
ALLES SOUTHEAST CORPORATION

Principal Place of Business:
13800 N.W. 58 CT
P.O. BOX 4277
MIAMI LAKES FL 33014

Mailing Address
13900 N.W. 58 CT
P.O. BOX 4277
MIAMI LAKES FL 33014-0277

3. Date Incorporated or Qualified 06/25/1956		3a. Date of Last Report 04/08/1996	
4. FEI Number 04-2210063		Applied For	Not Applicable
5. Certificate of Status Desired		<input checked="" 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

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
	Country		Country
24	25	29	30

9. Name and Address of Current Registered Agent

BERMAN, MARTIN G
4945 SW 105 TERRACE
COOPER CITY FL 33328

10. Name and Address of New Registered Agent			
81	Name	Martin G Berman	
82	Street Address (P.O. Box Number is Not Acceptable)	3349 Hollywood Oaks Drive	
83			
84	City	Hollywood	FL
85	Zip Code	33021	

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 Martin Berman Martin Berman 3-19-97
(Signature) (Typed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, JOSHUA D.	1.2 NAME	
STREET ADDRESS	521 SW 178 WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	1.4 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORTORELLA, ANGELA	2.2 NAME	
STREET ADDRESS	9731 HEATHER LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, PHILIP M.	3.2 NAME	PD Berman, Philip M
STREET ADDRESS	6750 BROOKFIELD PLACE	3.3 STREET ADDRESS	6750 Brookfield Place
CITY - ST - ZIP	CHARLOTTE NC	3.4 CITY - ST - ZIP	Charlotte NC
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, MARTIN G.	4.2 NAME	SD Berman, Martin G
STREET ADDRESS	4945 SW 105 TERRACE	4.3 STREET ADDRESS	4611 S University Drive #224
CITY - ST - ZIP	COOPER CITY FL	4.4 CITY - ST - ZIP	Davie FL
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, ROBERT A	5.2 NAME	D Berman, Robert A
STREET ADDRESS	1709 ST ANDREWS RD	5.3 STREET ADDRESS	3349 Hollywood Oaks Drive
CITY - ST - ZIP	HOLLYWOOD FL	5.4 CITY - ST - ZIP	Hollywood FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, SYLVIA M	6.2 NAME	D Berman, Sylvia M
STREET ADDRESS	1709 ST ANDREWS ROAD	6.3 STREET ADDRESS	3349 Hollywood Oaks Drive
CITY - ST - ZIP	HOLLYWOOD FL	6.4 CITY - ST - ZIP	Hollywood FL

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: Martin Berman Martin Berman Sec'y 4-30-97 305-823-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0110050

CR2E034 (9/96)