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Apr 30, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 194105

1. Corporation Name  
ALLES SOUTHEAST CORPORATION

Principal Place of Business  
13900 N.W. 58 CT  
P.O. BOX 4277  
MIAMI LAKES FL 33014

Mailing Address  
POB 4277  
P.O. BOX 4277  
HIALEAH FL 33014  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1956

4. FEI Number

04-2210083

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

28

30

9. Name and Address of Current Registered Agent

BERMAN, MARTIN G.  
1857 NW 127 AVE  
PEMBROKE PINES FL 33028

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 VD ☐ DELETE  
NAME Berman, Joshua D.  
STREET ADDRESS 3164 PEACHTREE CIR  
CITY-ST-ZIP DAVIE FL 33328

TITLE PD ☐ DELETE  
NAME Berman, Philip M.  
STREET ADDRESS 6750 BROOKFIELD PLACE  
CITY-ST-ZIP CHARLOTTE NC

TITLE SD ☐ DELETE  
NAME Berman, Martin G.  
STREET ADDRESS 1857 NW 127 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE D ☐ DELETE  
NAME Berman, Robert A  
STREET ADDRESS 3349 HOLLYWOOD OAKS DRIVE  
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ DELETE  
NAME Berman, Sylvia M  
STREET ADDRESS 3349 HOLLYWOOD OAKS DRIVE  
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-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-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Martin G. Berman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

(305) 821-1570

Daytime Phone #

CR2E034 (11/98)