


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

FILED

May 05 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 467868 (6)**

1. Corporation Name  
**ALLISON ORIGINALS ART, INC.**

Principal Place of Business <b>7209 SW 48TH ST MIAMI FL 33155</b>	Mailing Address <b>7209 SW 48TH ST MIAMI FL 33155-5518</b>
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/16/1974</b>	3a. Date of Last Report <b>03/22/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1563595</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ALLISON, SHAS M</b> <b>7209 SW 48TH ST</b> <b>MIAMI FL 33155</b>		81 Name <b>Allison, Gloria</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7209 SW 48th St.</b> 83 84 City <b>MIAMI</b> <b>FL</b> 85 Zip Code <b>33155</b>	

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: Gloria Allison DATE: 4/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLISON, GLORIA</b>	1.2 NAME	<b>ALLISON, GLORIA</b>
STREET ADDRESS	<b>1510 VABINO AVENUE</b>	1.3 STREET ADDRESS	<b>1510 VABINO AVENUE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	1.4 CITY - ST - ZIP	<b>CORAL GABLES, FL</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLISON, CHARLES W</b>	2.2 NAME	
STREET ADDRESS	<b>1501 VABINO AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Gloria Allison DATE: 04/28/97 305-666-4555

CR2E034 (9/96)