

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

FILED

Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000516 (2)

1. Corporation Name

ALLSTATE OFFICE SUPPLY CORP.



Principal Place of Business 23302 EAST LA PALMA AVENUE YORBA LINDA CA 92687	Mailing Address 23302 EAST LA PALMA AVENUE YORBA LINDA CA 92687
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2. Principal Place of Business 21 23303 E. La Palma Ave Suite, Apt. #, etc.		2a. Mailing Address 26 23303 E. La Palma Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/31/1996	3a. Date of Last Report
22 City & State 23 Yorba Linda, CA		27 City & State 28 Yorba Linda, CA		4. FEI Number 95-4228236	Applied For Not Applicable
24 Zip 92887		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26 Zip 92887		27 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
28 Zip 92887		29 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAURICIO, SERGIO 8788 NW 15TH ST MIAMI FL 33172				10. Name and Address of New Registered Agent 81 Name Sheng-Kai Chang 82 Street Address (P.O. Box Number is Not Acceptable) 83 8788 NW 15th Street 84 City Miami FL 85 Zip Code 33172	
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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  Sheng-Kai Chang Feb 10, 97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIN, STAN			1.2 NAME			
STREET ADDRESS	151 S TRISH CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	ANAHEIM CA 92808			1.4 CITY-ST-ZIP			
TITLE	Secretary/Director	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Lin, Mei-Huei			2.2 NAME			
STREET ADDRESS	151 S. Trish Ct.			2.3 STREET ADDRESS			
CITY-ST-ZIP	Anaheim Hills, CA 92808			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:  MEI-HUEI LIN, Secretary (714) 692-9100

CR2E034 (9/96)