

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M34062** (3)

1. Corporation Name
AL-X, INC.



Principal Place of Business
**GRAND BAY PLAZA #408
2665 SOUTH BAYSHORE DR.
MIAMI FL 33133-2418**

Mailing Address
**GRAND BAY PLAZA #408
2665 SOUTH BAYSHORE DR.
MIAMI FL 33133-2418**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt., #, etc. 1700 S.W. 2nd AVE	27	Suite, Apt., #, etc. 1700 S.W. 2nd AVE
23	City & State MIAMI, FL	28	City & State MIAMI, FL
24	Zip 33129	29	Zip 33129
25	Country USA	30	Country USA

3.	Date Incorporated or Qualified 06/23/1986	3a.	Date of Last Report 04/27/1995
4.	FET Number 59-2687460		Applied For Not Applicable
5.	Creditor's Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Electron 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALLISON, LEONA M.
3222 RIVIERA DRIVE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1304, 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 I accept the obligations of, Section 607.1304, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

1	TITLE P	<input type="checkbox"/> DELETE
2	NAME ALLISON, LEONA M.	
3	STREET ADDRESS 3222 RIVIERA DR.	
4	CITY-STATE-ZIP CORAL GABLES FL	
5	TITLE	<input type="checkbox"/> DELETE
6	NAME	
7	STREET ADDRESS	
8	CITY-STATE-ZIP	
9	TITLE	<input type="checkbox"/> DELETE
10	NAME	
11	STREET ADDRESS	
12	CITY-STATE-ZIP	
13	TITLE	<input type="checkbox"/> DELETE
14	NAME	
15	STREET ADDRESS	
16	CITY-STATE-ZIP	
17	TITLE	<input type="checkbox"/> DELETE
18	NAME	
19	STREET ADDRESS	
20	CITY-STATE-ZIP	
21	TITLE	<input type="checkbox"/> DELETE
22	NAME	
23	STREET ADDRESS	
24	CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY-STATE-ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY-STATE-ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY-STATE-ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY-STATE-ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 register or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attached list with an address.

SIGNATURE: *Leona M. Allison / President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 305-285-8880

CR2E034 (12/95)