

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M44200 (7)

1. Corporation Name

THE ALLEN CORPORATION OF MIAMI, INC.



Principal Place of Business

59 ROYAL PALM BV
VERO BCH FL 32960

Mailing Address

59 ROYAL PALM BV
VERO BCH FL 32960-4259
US

3. Date Incorporated or Qualified
12/31/1986

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 625 BEACHLAND BLVD.
Suite, Apt. #, etc.

26 625 BEACHLAND BLVD.
Suite, Apt. #, etc.

22 City & State
23 VERO BEACH - FL

27 City & State
28 VERO BEACH - FL

24 Zip
32963

25 Country
USA

29 Zip
32963

30 Country
USA

4. FEI Number
57-6964040

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, CARLOS E.G.
59 ROYAL PALM BV
VERO BCH FL 32960

81 Name ALLEN, CARLOS E.G.

82 Street Address (P.O. Box Number is Not Acceptable)
625 BEACHLAND BLVD.

83

84 City VERO BEACH

FL

85 Zip Code
32963

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)

Signature typed or printed name of registered agent and title (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ALLEN, CARLOS E.G.
STREET ADDRESS 59 ROYAL PALM BV
CITY-ST-ZIP VERO BCH FL

DELETE

TITLE STD
NAME ALLEN, ROSALIA L.
STREET ADDRESS 59 ROYAL PALM BV
CITY-ST-ZIP VERO BCH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 625 BEACHLAND BLVD.
1.4 CITY-ST-ZIP VERO BEACH, FL 32963

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 625 BEACHLAND BLVD.
2.4 CITY-ST-ZIP VERO BEACH, FL 32963

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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:

CARLOS E.G. ALLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/96
Date

(407) 231-6454
Daytime Phone #

CR2E034 (12/95)