

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

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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M56552 (6)

1. Corporation Name

ALLIED INVESTMENT GROUP, INC.

Principal Place of Business

C/O IVAN PARRON
7980 WEST 25TH AVE.
HIALEAH FL 33016

Mailing Address

C/O IVAN PARRON
7980 WEST 25TH AVE.
HIALEAH FL 33016

3. Date Incorporated or Qualified 07/31/1987	3a. Date of Last Report 05/01/96
4. FEI Number 59-2830204	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	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARRON, IVAN
7980 WEST 25TH AVE.
HIALEAH FL 33016

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	PTD	☐ DELETE
NAME	PARRON, IVAN	
STREET ADDRESS	7980 WEST 25TH AVE.	
CITY- ST- ZIP	HIALEAH FL	

TITLE	STD	☐ DELETE
NAME	FOWLER, RANDY E.	
STREET ADDRESS	12819 SW 71 LANE	
CITY- ST- ZIP	MIAMI FL	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/30/97 (305) 556-6238

CR2E034 (12/95)