

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

APPROVED AND FILED

95 JAN 20 PH 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M97775** (4)

1. Corporation Name
ALLCONCEPT, INC.

Principal Place of Business	Mailing Address
1040 SW FIRST ST MIAMI FL 33130 US	1036 SW 1 STR MIAMI FL 33130 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/01/1988	3a. Date of Last Report 04/22/1994
4. FEI Number 65-0198447	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1036 S.W. 1 ST. Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State 23 MIAMI FLORIDA	27 City & State
24 Zip 33130	28 Country US

9. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT
CANTERA ASSOCIATES, INC
1036 SW 1 STR
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name FLORIDA ANNUAL REPORT SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 1036 S.W. 1 ST.
83
84 City MIAMI
85 Zip Code FL 33130

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]* **Amada C. Lopez, Pres.** 1-17-95
DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	KEIHNER, BRUC W
STREET ADDRESS	251 ROYAL PALM WAY STE 601
CITY-ST-ZIP	PALM BHC FL
TITLE	PD
NAME	BUCKREUS, GERDI
STREET ADDRESS	1040 S. W. FIRST STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	CANTERA, AMADA LOPEZ
STREET ADDRESS	1040 SW FIRST STREET
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOPEZ-CANTERA, AMADA
1.3 STREET ADDRESS	1036 S.W. 1 STREET
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33130
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BUCKREUS, GERTIE
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOPEZ-CANTERA, AMADA
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	000001390260
4.3 STREET ADDRESS	-01/26/95--01058--010
4.4 CITY-ST-ZIP	*****200.00 *****200.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000001390260
5.3 STREET ADDRESS	-01/26/95--01058--022
5.4 CITY-ST-ZIP	*****8.75 *****8.75
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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]* **Amada Lopez** 1/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR