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96 MAY -1 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M97775 (4)**

1. Corporation Name  
**ALLCONCEPT, INC.**



Principal Place of Business		Mailing Address	
1036 S.W. 1 ST. MIAMI FL 33130 US		1036 S.W. 1 ST. MIAMI FL 33130 US	
3. Date incorporated or Qualified	09/01/1988	3a. Date of Last Report	01/20/1995
4. FEI Number	65-0198447	Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired	\$8.75 Additional Fee Required
21 2300 CORAL WAY Suite, Apt. #, etc.	26 2300 CORAL WAY Suite, Apt. #, etc.	<input checked="" type="checkbox"/>	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 MIAMI FLORIDA	28 MIAMI FLORIDA	<input type="checkbox"/>	
24 Zip 33145	25 Country US	29 Zip 33145	30 Country US
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FLORIDA ANNUAL REPORT SERVICES, INC. 1036 S.W. 1 ST. MIAMI FL 33130		81 Name FLORIDA ANNUAL REPORT SERVICES INC. 82 Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE # 200 83 84 City MIAMI FL 33145	

11. Pursuant to the provisions of Sections 607.0602 and 607.1501, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 provisions of Section 607.0501, Florida Statutes.

SIGNATURE: *Amada Cantera Lopez* AMADA CANTERA LOPEZ, PRES DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	S
NAME	LOPEZ-CANTERA, AMADA	1.2 NAME	Cartaya, Lidia
STREET ADDRESS	1036 S.W. 1 ST.	1.3 STREET ADDRESS	2300 Coral Way, Suite 102
CITY-ST-ZIP	MIAMI FL 33130	1.4 CITY-ST-ZIP	Miami, Florida 33145
TITLE	PD	2.1 TITLE	PD
NAME	BUCKREUS, GERTIE	2.2 NAME	Buckreus, Gertie
STREET ADDRESS	1040 S. W. FIRST STREET	2.3 STREET ADDRESS	2300 Coral Way, Suite 201
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida 33145
TITLE	VP	3.1 TITLE	VP
NAME	LOPEZ-CANTERA, AMADA	3.2 NAME	Lopez-Cantera, Amada
STREET ADDRESS	1040 SW FIRST STREET	3.3 STREET ADDRESS	2300 Coral Way, Suite
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Florida 33145
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lidia Cartaya* DATE: 4/26/96 (305) 854-1040

CR2E034 (12/95)