

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**APPROVED
AND
FILED**

97 MAY -1 AM 6:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M97775 (4)
1. Corporation Name
ALLCONCEPT, INC.



Principal Place of Business 2300 CORAL WAY MIAMI FL 33145 US	Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511 US
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3. Date Incorporated or Qualified 09/01/1988	3a. Date of Last Report 05/01/1996
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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 SUITE # 200 City & State 23 MIAMI FLORIDA Zip 24 33145 Country 25 US.	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 SUITE # 200 City & State 28 MIAMI FLORIDA Zip 29 33145 Country 30 US.
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9. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

10. Name and Address of New Registered Agent
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]* **AMADA CANTERA LOPEZ, PRES** DATE **4/25/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	LOPEZ-CANTERA, AMADA	
STREET ADDRESS	2300 CORAL WAY SUITE 201	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCKREUS, GERTIE	
STREET ADDRESS	2300 CORAL WAY SUITE 201	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARTAYA, LIDIA	
STREET ADDRESS	2300 CORAL WAY SUITE 102	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002164683--8
1.3 STREET ADDRESS	-05/02/97--01146--013
1.4 CITY-ST-ZIP	*****165.00 *****165.00
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Buckreus, Gerti
2.3 STREET ADDRESS	2300 Coral Way, Suite 201
2.4 CITY-ST-ZIP	Miami, FL 33145
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	300002164683--8
3.3 STREET ADDRESS	-05/02/97--01146--014
3.4 CITY-ST-ZIP	*****8.75 *****8.75
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 CANTERA - VICE PRES.** DATE **4/25/97** (305) 828-4562
Daytime Phone # **0202812**

CR2E034 (9/96)