

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90125 035 ***150.00
 05-03-1999 90125 036 *****8.75

0218303

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M97775

1. Corporation Name
ALLCONCEPT, INC.



Principal Place of Business 2300 CORAL WAY SUITE #200 MIAMI FL 33145 US	Mailing Address 2300 CORAL WAY SUITE #200 MIAMI FL 33145 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/01/1988

4. FEI Number
65-0198447

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 1717 N. Bayshore Drive Suite, Apt. #, etc.	2a. Mailing Address 26 1717 N. Bayshore Drive Suite, Apt. #, etc.
22 Suite # 114 City & State	27 Suite # 114 City & State
23 Miami Florida Zip Country	28 Miami Florida Zip Country
24 33132 25	29 33132 30

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 S & K Property Management, Inc.	82 Street Address (P.O. Box Number is Not Acceptable) 1717 North Bayshore Drive
83 Suite 114	84 City Miami
85 Zip Code FL 33132	

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 *Lidia Cartaya* **Lidia Cartaya, VP** DATE **4/27/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" 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, GERTI	
STREET ADDRESS	1717 N BAYSHORE DR, SUITE 114	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARTAYA, LIDIA	
STREET ADDRESS	1717 N BAYSHORE DR, SUITE 114	
CITY-ST-ZIP	MIAMI FL 33132	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lidia Cartaya	
1.3 STREET ADDRESS	1717 N. Bayshore Drive Suite 114	
1.4 CITY-ST-ZIP	Miami, FL, 33132	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: *Lidia Cartaya* **Lidia Cartaya, Vice-President** DATE **4/27/99** DAYTIME PHONE # **(305) 577-3885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)