

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra Mortham Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N31262 (1)
 1. Corporation Name
ALLIANCE OF MIAMI, INC.

Principal Place of Business Mailing Address
1507 ARGYLE DRIVE # 208 FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/20/1989** 3a. Date of Last Report **08/17/1994**
 4. FEI Number **65-0108764** 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
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
FLORIO, ANTHONY P
1507 ARGYLE DRIVE
#208
FT. LAUDERDALE FL 33312

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TONY FLORIO
STREET ADDRESS	1507 ARGYLE DR # 208
CITY - ST - ZIP	FT LAUDERDALE FL 33312
TITLE	DVP
NAME	SCOTT-FLORIO SHERRY
STREET ADDRESS	900 CRYSTAL LAKE DRIVE #2D
CITY - ST - ZIP	POMPANO BEACH FL 33064
TITLE	DS- D3
NAME	GAGER, USA SUSIE HORNEY
STREET ADDRESS	9450 NW 48TH STREET 2427 Lee St
CITY - ST - ZIP	SUNRISE FL 33351 Hollywood, FL 33026
TITLE	BT
NAME	GAETA-ANDREA
STREET ADDRESS	10765 CLEARY BLVD. #309
CITY - ST - ZIP	PLANTATION FL 33324
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	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TONY FLORIO
1.3 STREET ADDRESS	1507 Argyle Dr #208
1.4 CITY - ST - ZIP	Ft Lauderdale Fl 33312
2.1 TITLE	DVPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHERRY SCOTT-FLORIO
2.3 STREET ADDRESS	900 Crystal Lake Drive #2D
2.4 CITY - ST - ZIP	POMPANO BEACH FL 33064
3.1 TITLE	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *X Anthony Florio*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95 (305) 463-6359