

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000005727 (2)

1. Corporation Name

ALLUSIONS, INC.

FILED
95 AUG -7 AM 10: 25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

3704 NW 82 ST
MIAMI FL 33149
US

Mailing Address

3704 NW 82 ST
MIAMI FL 33147
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 2646 NW 21 Ter
Miami FL 33142 US

2a. Mailing Address

26 2646 NW 21 Ter
Miami FL 33142 US

4. FEI Number

65-0374020

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2646 NW 21 Ter

27 2646 NW 21 Ter

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

City & State

23 Miami FLA

28 Miami FLA

6. Election Campaign Financing

☒ \$5.00 May Be
Added to Fees

Zip

Country

24 33142 25 USA

Zip

Country

29 33142 30 USA

8. This corporation has liability for intangible tax under s. 199.042,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLAUS, KURT R JR
1503 NW 14TH ST
MIAMI FL 33125

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO REGISTERED OFFICE, AGENT, OR DIRECTORS

TITLE	D
NAME	PERROTTI, ETTORE L
STREET ADDRESS	3704 NW 82 ST
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 addendum.

SIGNATURE:

ETTORE D Perrotti Pma. July 28-95 305 6346114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)