

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

FILED

May 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **292000005787**
1. Corporation Name

Allusions Inc

Principal Place of Business

Mailing Address

**1808 NW 20ST SAME
MIA FLA 33142**

2. Principal Place of Business

2a. Mailing Address

21 1808 NW 20ST

26 SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

**22 City & State
MIA FLA**

27 City & State

**23 Zip
33142**

28 Country

24 33142

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ETTORE D. PERROTTI
PO BOX 403683
MIA FLA 33140**

**81 Name
ETTORE D PERROTTI
82 Street Address (P.O. Box Number is Not Acceptable)
1808 NW 20ST
83 MIA FLA 33142
84 City
MIA FLA
85 Zip Code
FL 33142**

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



DATE

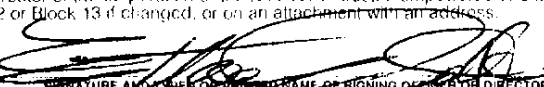
April 24-97

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	Only myself
STREET ADDRESS	ETTORE D PERROTTI
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	President 305 447 7089
STREET ADDRESS	ETTORE D PERROTTI
CITY-ST-ZIP	1351 NE MIAMI GARDEN DE MIA FLA 33179
TITLE	☐ DELETE
NAME	/
STREET ADDRESS	/
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	/
STREET ADDRESS	/
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	/
STREET ADDRESS	/
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	/
STREET ADDRESS	/
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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:



April 24-97

305 326 9490

CR2E034 (9/96)