

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:24

DOCUMENT # **P93000042582 (5)**

1. Corporation Name
ALESIO, INC.

Principal Place of Business: **3079 NE 163RD STREET
N. MIAMI BCH. FL 33160
US**
Mailing Address: **P. O. BOX 630817
MIAMI FL 33163
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/16/1993	3a. Date of Last Report 08/09/1994
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEEL Number 65-0420395	Applied For First Appearance
25. City & State	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. City & State	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
%PREMIER ASSET MANAGEMENT INC. 3115 NE 163RD ST. N. MIAMI BCH. FL 33160				B1 Name B2 Street Address (P.O. Box Number is First Acceptable) B3 B4 City FL B5 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME AZOUT, JACK	1. TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3079 NE 163RD STREET	CITY, ST, ZIP N. MIAMI BCH. FL	2. NAME AZOUT, JACK	
TITLE S	NAME AZOUT, GILDA	3. STREET ADDRESS 3802 NE 207 STREET #1502	
STREET ADDRESS 3079 NE 163RD STREET	CITY, ST, ZIP N. MIAMI BCH. FL	4. CITY, ST, ZIP NO. MIAMI BEACH, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	6. NAME	
TITLE	NAME	7. STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	10. NAME	
TITLE	NAME	11. STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	14. NAME	
TITLE	NAME	15. STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for this corporation stated in law (see 1993 Florida Statutes). I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signatories shall have the same legal effect as if made under oath. This filing is effective as to the corporation on the recorder or trustee empowered to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with my address.

SIGNATURE: **JACK AZOUT, PRES.** *[Signature]* **2/10/95** (305) 935-5175