

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date incorporated or Qualified 06/16/1993	3a. Date of Last Report 02/17/1995
4. FEI Number 65-0420395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

%PREMIER ASSET MANAGEMENT INC.
3115 NE 163RD ST.
N. MIAMI BCH. FL 33160

10. Name and Address of New Registered Agent

81 Name	PREMIER ASSET MANAGEMENT, INC.		
82 Street Address (P.O. Box Number is Not Acceptable)	2100 Park Central Boulevard North		
83	SUITE 900		
84 City	POMPANO BEACH	FL	85 Zip Code 33064

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 office, if applicable

(NOTE: Registered Agent Signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	AZOUT, JACK	1.2 NAME	AZOUT, JACK
STREET ADDRESS	3802 NE 207 ST #1502	1.3 STREET ADDRESS	3802 NE 207th ST. STE#1502
CITY-ST-ZIP	N. MIAMI BCH. FL	1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	SD	2.1 TITLE	SD
NAME	AZOUT, GILDA	2.2 NAME	AZOUT, GILDA
STREET ADDRESS	3802 NE 207 ST #1502	2.3 STREET ADDRESS	3802 NE 207th ST. STE#1502
CITY-ST-ZIP	N. MIAMI BCH. FL	2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

935-5195

Daytime Phone #

CR2E034 (12/95)