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 # **P93000069031 (1)**

1. Corporation Name

ALL-PRO SALES & SERVICE, INC.

Principal Place of Business

1780 NE 191 STREET
UNIT 501
NO MIAMI BEACH FL 33179

Mailing Address

1780 NE 191 STREET
UNIT 501
NO MIAMI BEACH FL 33179

2. Principal Place of Business
21 5049 NW 165th Street
Suite, Apt. #, etc.
22
City & State
23 Miami, FL
Zip 24 33014 Country 25

2a. Mailing Address
26 5049 NW 165th Street
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip 29 33014 Country 30

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-0356580 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J SPIEGEL CHARTERED
343 ALMERIA AVE
CORAL GABLES FL 33134

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

12.	Officers and Directors		13. Additions/Changes to Officers and Directors in 12	
TITLE	P	[ ] DELETE	1 1 TITLE	[X] Change [ ] Addition
NAME	DIVEROLI, OSCAR		1 2 NAME	
STREET ADDRESS	1780 N.E. 191 STREET, UNIT 501		1 3 STREET ADDRESS	1543 NW 182nd Way
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1 4 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	S	[ ] DELETE	2 1 TITLE	[X] Change [ ] Addition
NAME	DIVEROLI, BONNIE SUE		2 2 NAME	
STREET ADDRESS	1780 N.E. 191 ST., UNIT 501		2 3 STREET ADDRESS	1543 NW 182nd Way
CITY-ST-ZIP	NORTH MIAMI BEACH FL		2 4 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	T	[ ] DELETE	3 1 TITLE	[X] Change [ ] Addition
NAME	DIVEROLI, OSCAR		3 2 NAME	
STREET ADDRESS	1780 N.E. 191 ST., UNIT 501		3 3 STREET ADDRESS	1543 NW 182nd Way
CITY-ST-ZIP	NORTH MIAMI BEACH FL		3 4 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE		[ ] DELETE	4 1 TITLE	[ ] Change [ ] Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 1 TITLE	[ ] Change [ ] Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 1 TITLE	[ ] Change [ ] Addition
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: ______ 3/25/96 (305)626-0067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)