

**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 # **P93000073158 (6)**

1. Corporation Name  
**ALLIANCE TALENT, INC.**



Principal Place of Business: 15959 NW 15TH AVE, MIAMI FL 33169  
 Mailing Address: 1401 UNIVERSITY DR, 305, CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: 10/15/1993  
 3a. Date of Last Report: 07/21/1995  
 4. FEI Number: 13-3737846  
 5. Certificate of Status Desired:  \$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:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
 2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
 1201 HAYES STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 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 date of filing

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | D                      | <input type="checkbox"/> DELETE |
| NAME            | JOSEPH J. BIANCO       |                                 |
| STREET ADDRESS  | 6254 VIA PALLADIUM     |                                 |
| CITY - ST - ZIP | BOCA RATON FL 33433    |                                 |
| TITLE           | D                      | <input type="checkbox"/> DELETE |
| NAME            | A.K. NARANG            |                                 |
| STREET ADDRESS  | 6254 VIA PALADIUM      |                                 |
| CITY - ST - ZIP | BOCA RATON FL 33433    |                                 |
| TITLE           | VP                     | <input type="checkbox"/> DELETE |
| NAME            | KELLY VEACH            |                                 |
| STREET ADDRESS  | 110 E 59TH ST 18TH FL  |                                 |
| CITY - ST - ZIP | NEW YORK NY 10022      |                                 |
| TITLE           | VPSD                   | <input type="checkbox"/> DELETE |
| NAME            | ELLIOT B. NEWMAN       |                                 |
| STREET ADDRESS  | 12633 CLASSIC DRIVE    |                                 |
| CITY - ST - ZIP | CORAL SPRINGS FL 33071 |                                 |
| TITLE           | VP                     | <input type="checkbox"/> DELETE |
| NAME            | TIMOTHY DAHLTORP       |                                 |
| STREET ADDRESS  | 110 E 59TH ST 18TH FL  |                                 |
| CITY - ST - ZIP | NEW YORK NY 10022      |                                 |
| TITLE           |                        | <input type="checkbox"/> DELETE |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Elliot B. Newman**

April 30 1996 (954) 755-4588  
 (Date) (Date & Phone #)

CR2E034 (12/95)