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FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000037422 (0)

1. Corporation Name

ALLSTATE SPECIAL SERVICES, INC.



Principal Place of Business

3246 SW 23RD STREET  
MIAMI FL 33145

Mailing Address

3246 SW 23RD STREET  
MIAMI FL 33145-3120

3. Date Incorporated or Qualified

05/18/1994

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

21 3622 SW 25 Terrace

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0552568

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

City & State

23 Miami Florida

City & State

28

6. Election Campaign Financing

Trust Fund Contribution

□

\$5.00 May Be

Added to Fees

Zip

24 33133

Country

25 USA

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

□ Yes

X No

9. Name and Address of Current Registered Agent

ALFARO, ZULIMA  
3246 SW 23RD STREET  
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name Zulima Alfaro

82 Street Address (P.O. Box Number is Not Acceptable)

3622 SW 25 TERRACE

83

84 City

MIAMI

FL

85 Zip Code

33133

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PM

NAME CHESLER, NORMAN  
STREET ADDRESS 3246 SW 23RD STREET  
CITY-ST-ZIP MIAMI FL 33145

□ DELETE

TITLE V

NAME ALFARO, ZULIMA  
STREET ADDRESS 3246 SW 23RD STREET  
CITY-ST-ZIP MIAMI FL 33145

□ DELETE

TITLE T

NAME TURINO, CHARLES J JR  
STREET ADDRESS 3246 SW 23RD STREET  
CITY-ST-ZIP MIAMI FL 33145

□ DELETE

TITLE T

NAME ROTHBERGER, ELLEN  
STREET ADDRESS 1458 E 58TH STREET  
CITY-ST-ZIP BROOKLYN NY

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

□ Change □ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

□ Change □ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

□ Change □ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

□ Change □ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

□ Change □ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ Change □ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0202108

CR2E034 (9/96)