

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P95000043971 (7)
 1. Corporation Name
MEDLEY ENTERPRISES ALLIANCE, INC.

Principal Place of Business 5999 NW 122ND AVENUE MIAMI FL 33178	Mailing Address P.O. BOX 526406 MIAMI FL 33152
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 06/07/1995	3a. Date of Last Report 03/30/1996
4. FEI Number 65-0605079	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 owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CANCIO, JOSE F
18211 N.W. 19TH STREET
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5430 NW 104CT
83
84 City MIAMI FL 85 Zip Code 33178

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	CANCIO, JOSE F	
STREET ADDRESS	18291 N.W. 19TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VDD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ELENA	
STREET ADDRESS	2769 S.W. 34TH AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5430 NW 104CT
1.4 CITY-ST-ZIP	MIAMI FL 33178
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	200002260892--9
2.4 CITY-ST-ZIP	-08/07/97--01091--005
	***165.00 ***165.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E034 (4/97)

2012

Jose F. Cancio
PO Box 526406
Miami, Fl 33152

July 22, 1997

Division of Corporations
Annual Reports Section
PO Box 1500
Tallahassee, Fl 32302-1500

Dear Sir or Madam:

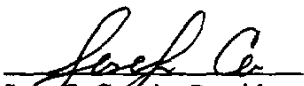
My name is Jose F. Cancio. I am the President of the following corporations. I receive every year the annual report for these corporations at PO Box 526406 and I always paid them on time. This year, I did not receive the annual reports. I cannot ascertain at the present time why the original annual reports were not received for the following corporations:

<u>Colorations</u>	<u>Document##</u>
C&C Concrete Pumping Services, Inc.	P96000078899 (7)
C&C Concrete Pumping, Inc.	P93000022320 (4)
Trans-Pro of Miami Corp.	P93000081098 (4)
Medley Carrier Corp.	P93000018652 (6)
Medley Enterprises Alliance, Inc.	P95000043971 (7)
ABC Concrete Services, Inc.	P95000096533 (1)
Auto City Connection, Inc.	P96000095537 (2)

I called the Florida Division of Corporations and I explained the above facts to one of your agents. She advised me to write and request a waive of the penalties based on the above facts. Hereby, I request that you abate the penalties for the above corporations. I will appreciate your accepting the late filing of the annual reports taking the above facts into consideration.

Thank you for your attention to this matter.

Sincerely,


Jose F. Cancio, President