## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **DOCUMENT #** P95000055545 (4) ALLSTATE TRANSFER INC. Principa! Place of Business Mailing Address 3123 WEST 72ND STREET 3123 WEST 72ND STREET HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 3. Date Incorporated or Qualified 3a. Date of Last Report 07/17/1995 Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State **\$5.00** May Be City & State 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country This corporation has liability for intangible tax under s. 199.032, Zio C/A SeY Florida Statutes 24 25 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TORRES, LUIS Street Address (P.O. Box Number is Not Acceptable) 3123 WEST 72ND STREET HIALEAH GARDENS FL 33016 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 agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with and accept the obligations of, Section 607.0505, Florida Statutes. Luis Torres SIGNATURE of redistanced and title if applicable (NOTE\_Progistered A (36/8)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition tresident Change 1.1 THEF TITLE Luis A. TORRES E034 1.2 NAME NAME 3123 w 12 st Haleak if 1 33016 1.3 STREET ADDRESS STREET ADDRESS 1.4 C(1) - ST - Z(P CITY-ST-ZIP \_\_\_\_ Change \_\_\_\_ Addition DELETE 2 I TITLE Vice - President TITLE 2.2 NAME NAME Roysa Toires 2.3 STREET ADDRESS 3123 10 75 51 STREET ADDRESS Haleah, Fla 33016 CITY - ST- ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 THEE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIF Change Addition DELETE 51 TITLE TITLE NAME STREET ADDRESS 5 3 STHEET ADDRESS CITY - ST - ZIP 54 CITY - ST - ZP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADORESS** 64 CITY - ST - ZIP 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), Fiorida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13) changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/96 305-9470400