

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V15472

(6)

1. Corporation Name

ALLSTATE REBUILDABLES, INC.

Principal Place of Business

1714 LINCOLN ROAD
SUITE 680
MIAMI BEACH FL 33409

Mailing Address

1714 LINCOLN ROAD
SUITE 680
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/20/1992

3a. Date of Last Report

06/21/1994

4. FEI Number

65-0320985

Applied For

Not Applicable

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

21 721 NE 2nd Ave.

2a. Mailing Address

26 721 N.E. 2nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Fort Lauderdale

City & State

28 Fort Lauderdale

Zip

24 33304

Country

25 USA

Zip

29 33304

Country

30 USA

9. Name and Address of Current Registered Agent

MACALUSO, ANTHONY

140 N. FEDERAL HWY 721 N.E. 2ND AVE

SUITE 680

FT. LAUDERDALE FL 33304 33304

10. Name and Address of New Registered Agent

81 Name

HERBERT ABRAMSON

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

400 N. ANDRESS

83

FT. LAUDERDALE, FL 33304

84

FT LAUDERDALE

FL

85

Zip Code

33304

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

Herbert W Abramson

5/13/95

12. OFFICERS AND DIRECTORS

TITLE PVPT
NAME MACALUSO, ANTHONY
STREET ADDRESS 9400 NE 102ND ST. 1485 S.W. 154TH TERR
CITY, ST, ZIP AVENTURA N. PENBROKE PINES 33027

TITLE PVPT
NAME MACALUSO, ANTHONY
STREET ADDRESS 1485 S.W. 154TH TERR
CITY, ST, ZIP PENBROKE PINES, FL 33027

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CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PRES
2. NAME MACALUSO, ANTHONY
3. STREET ADDRESS 1485 S.W. 154TH TERR.
4. CITY, ST, ZIP PENBROKE PINES FL 33027

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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:

ANTHONY MACALUSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1

4/29/95 305-766-8177