FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V40092

1. Corporation Name

(1)

ALLER ENTERPRISES, CORP.

Principal Place of Business Mailing Address 3581 S.W. 140 AVE. 3581 S.W. 140 AVE MIAMI FL 33175 MIAMI FL 33175-6761 3. Date Incorporated or Qualified 3a. Date of Last Report 06/01/1992 02/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0335587 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zφ Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALLER, JOSE 3581 S.W. 140 AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33175 83 84 City 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 Signal as hypotholipmod himself ageleted acert and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition ALLER, JOSE NAME 1.2 NAME 3581 S.W. 140 AVE. STREET ADDRESS. 1.3 STREET ADDRESS MIAMI FL CITY-S1-ZIP 14 CITY - ST - ZIP DELETE TIBLE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - 20P 2 4 CITY-ST-ZIP DELETE TILE. 3.1 TITLE Change Addition 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-7P 3 4. CITY - ST - ZIP DELETE THE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-SI-7P 4.4 CITY - ST - ZIP DELETE TillE 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DELETE TILE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 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

SIGNATURE:

CITY-ST-ZP

ING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Daytime Phone #

Date

(96/6)

FILED

Jan 22 1997 8:00am

Secretary of State