## 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 # 624871

(0)

AMERICAN BANKERS SALES CORPORATION, INC.

MINIEUIC	AN DANKENS SALES CONFI	ONATION, INO.				
Principal Place of Business		Mailing Address		I INDIANA DENISA KIRAK BINDA KARIK TARAK A	EDEL ELDIY BYRIT DIDIL OLDIY ALBEY HORI	
G/O-LEN-GARCIA- 11222 QUAIL ROOST DRIVE MIAMI FL \$3157		C/O LEN GARCIA 11222 QUAIL ROOST DRIVE MIAMI FL 33157-6543 US				
US				3. Date Incorporated or Qualified 07/20/1979	<b>3a.</b> Date of Last Report <b>05/01/1996</b>	
2. Principal Place of Business		28. Mailing Address	11	4. FEI Number	Applied For	
21]		26 Yo Arthu W. Haygen		59-1967729		
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27 11222 Quail R	rest Drive	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28 Maini (-L		Trust Fund Contribution	Added to Fees	
Zip	Country	7ip	Country	8. This corporation has liability for in		
24	25	29 53/5 / 31	o ( <i>).</i> 5,A		Yes No	
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Reg	istered Agent	
GARCIA. LEONAKDO			Name			
11222 QUAIL ROOST DR · MIAMI FL 33157			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
MIA	WILE 02101		83			
			84 City		85 Zip Code	
					FL   S   Zip Code   .	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes ( Florida, Such change was aut	the above-named co	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes.	and the sound of t	the appropriate to regions to	
SIGNATURE	Signature typed or printed name of registered agent		tegistered Agent signature req	and of an all and an all an all and an all an	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	DELETE	1.1 TITLE	'	Change Addition	
NAME	BECKER, DEBORAH		1.2 NAME			
STREET ADDRESS	11222 QUAIL ROOST DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000	<u> </u>	14 CITY-S1-ZIP		<u> </u>	
TITLE	8	DECE 1E	51 HILLS	leagen, Author William lezz Chail Roost Diffe Maini, 151 33157	Change Addition	
NAME	GARCIA, LEONARDO	• \	2.2 NAME	1222 Qualkoust Dine		
STREET ADDRESS	11222 QUAIL ROOST DRIVE		23 STREET ADDRESS	Marin 1-1-33157		
CITY-ST-ZIP	MIAMI, FL 00000	T by Exc		10.40.42		
TITLE	VO	☐ DELETE	3.1 TALE		Change Addition	
NAME	DICKS, ROBERT		3.2 NAME			
STREET ADDRESS	11222 QUAIL ROOST DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	Miami, FL 00000	DELETE	3.4. C(1)Y-S1-Z(P) 4.1 T(1)LE		Change Addition	
NAME	NEUBARTH, SANFORD	bittle	4. 2 NAME		E Change E Account	
STREET ADDRESS	11222 QUAIL ROOST DR.		4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		4.4 CITY- S1 - ZIP			
THILE	T	DELETE	5 1 TITLE		Change Addition	
NAME	CASTELO, ENRIQUE L		5.2 NAME	1		
STREET ADDRESS	11222 QUAIL ROOST DR.		53 STREET ADDRESS		l	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE		Change Addition	
NAME			C D MALAY			
			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 of supplemental furnual 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 receive for 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 charges, or on an attachment with an address.

CIGNIATUDE.

305-252-691

**FILED** 

Apr 30 1997 8:00am

Secretary of State