

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F89696** (1)

1. Corporation Name

**AMERICAN BUSINESS SERVICES CORP.**



Principal Place of Business

Mailing Address

1573 N.W. 93RD AVE.  
P.O. BOX 521142  
MIAMI FL 33152

1573 N.W. 93RD AVE.  
P.O. BOX 521142  
MIAMI FL 33152

3. Date Incorporated or Qualified

06/14/1982

3a. Date of Last Report

01/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

Zip

Country

25

Zip

Country

29

30

4. FEI Number

59-2189796

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CEDENO, OSCAR  
556 SOUTH DRIVE  
MIAMI FL 33166**

81. Name

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

83.

84. City

**FL**

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 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

Signature Typed or Printed Name of Registered Agent or Director

Name of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**PD  
CEDENO, OSCAR A  
556 SOUTH DRIVE  
MIAMI SPRINGS FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**D  
CEDENO, MARTHA D  
556 SOUTH DRIVE  
MIAMI SPRINGS FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**D  
CEDENO, MARTHA A  
556 SOUTH DRIVE  
MIAMI SPRINGS FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

☐ Change ☐ Addition

2. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

☐ Change ☐ Addition

3. TITLE

3. NAME

4. STREET ADDRESS

5. CITY- ST- ZIP

☐ Change ☐ Addition

4. TITLE

4. NAME

5. STREET ADDRESS

6. CITY- ST- ZIP

☐ Change ☐ Addition

5. TITLE

5. NAME

6. STREET ADDRESS

7. CITY- ST- ZIP

☐ Change ☐ Addition

6. TITLE

6. NAME

7. STREET ADDRESS

8. 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 119.07(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:

**OSCAR CEDENO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-96**

**(305) 592-7640**

DATE

PHONE NUMBER

CR2E034 (12/95)