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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000011860 (1)

ABBA VBEN, INC.

example 1997年,199

## **FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						. 1 10011001 110 10111 01011 00111 00111 00111 00111 00111 00111	/U! !!!!! !!!!U	
7780 W. 20 AVE., STE. 1 7760 W. 20 AVE., STE. 1			E. 1					
HIALEAH FL 33016 HIALEAH FL 33016						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	- CI NOL	
						01/18/1994		
2. Principal Pi	2a. Mailing Address	ng Address			4. FEI Number	/	Applied For	
21		26				65-0473320		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27					<del></del>	Required
City & State	9	City & State	<del>├</del> ─┐ ′			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip Country		28 Zip	Zip Country			Trust Fund Contribution LJ Added to Fees  8. This corporation owes or has paid the current rear Intengible		
24	<u> </u>		30	<b>"</b>		Personal Property Tax due June 30.		ntangibie ☐ No
84	9. Name and Address of Curre		<u></u>			10. Name and Address of New Registered		
WE	INTRAUB, ABRAHAM			81	Name	The state of the s		
7760 W. 20 AVE., STE. 1				82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33016				5/ Street Address (P.O. Box Number is Not Acceptable)				
			ĺ	83				
			}	84	City		85 Zir	p Code
						FL.	<u> </u>	
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 and little if applicable (NOTE f				l Agen	I signature required		- DIDEOT	20011140
12.	OFFICERS AN	ND DIRECTORS  DELETE	13.	15	T	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	
TITLE NAME	WEINTRAUB, SAMUEL			1.1 TITLE 1.2 NAME			L Change	, C MOMINI
STREET ADDRESS	7431 MIAMI VIEW DR.				UUDECC			Ì
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141				1.3 STREET ADDRESS 1.4 City-St-Zip				
TITLE	D DELETE			2.1 TiTLE			Change	Addition
NAME	WEINTRAUB, ABRHAM		2.2 NAME					
STREET ADDRESS	21216 HARBOR WAY., #15	1	2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL		2. 4 CI	TY-ST	r-21P			Į
TITLE		DELETE	3.1 TIT	LE			Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET A	ADDRESS			Į
CITY-ST-ZIP				3.4. CITY - ST - ZIP				
TITLE				4.1 TITLE			Change	e
NAME			4.2 N/		ļ			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	·· <del>····</del>	Diciete	4.4 CIT		- ZIP		Change	Addition
TITLE	DELETE			5.1 TITLE			□ ruange	, Managan
NAME			5.2 NA		DODESO			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CIT 6.1 TIT		- ZIP		Change	Addition
NAME		C DECEIL	6.2 NA					
					ADORESS			
STREET ADDRESS				-	, i			
14. I hereby c	ertify that the information supplied	with this filing does not qualif	6.4 CIT v for the exe			ection 119.07(3)(i), Florida Statules. I further o	artify that th	ne 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.