

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P 96000015634**  
 1. Corporation Name  
**ABC AMERICAN BUSINESS CORPORATION**

Principal Place of Business Mailing Address  
**MIAMI, FL. 3905 SW. 137 AV. # 4 MIAMI, FL. 33175**

2. Principal Place of Business 2a. Mailing Address  
 21 **MIAMI, FL. USA** 26 **3905 sw 137 av #4**  
 Suite, Apt #, etc Suite, Apt #, etc  
 22 **# 4** 27 **# 4**  
 City & State City & State  
 23 **MIAMI, FL.** 28 **MIAMI, FL.**  
 Zip Country Zip Country  
 24 **33175** 25 **USA** 29 **33175** 30 **USA**

3. Date Incorporated or Qualified **2/20/96** 3a. Date of Last Report **2/20/96**  
 4. FEI Number **65-0653229** 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  
**MADLIN BOLIVAR**  
**15120 SW. 104 ST.# 503**  
**MIAMI, FL. 33196**

10. Name and Address of New Registered Agent  
 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Madelin Bolivar* **MADLIN BOLIVAR** **4/25/97**  
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D/P</b>	<input type="checkbox"/> DELETE
NAME	<b>MAXIMO ELIAS BOLIVAR</b>	
STREET ADDRESS	<b>LOS ARBOLES PISO 11-c</b>	
CITY-ST-ZIP	<b>CARACAS, VENEZUELA</b>	
TITLE	<b>D/VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAM ELIAS BOLIVAR</b>	
STREET ADDRESS	<b>15120 sw 104 st # 503</b>	
CITY-ST-ZIP	<b>MIAMI FL. 33196</b>	
TITLE	<b>D/S</b>	<input type="checkbox"/> DELETE
NAME	<b>MADLIN BOLIVAR</b>	
STREET ADDRESS	<b>15120 sw 104 st #503</b>	
CITY-ST-ZIP	<b>MIAMI FL. 33196</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**600002172686**  
**-05/09/97--01024--016**  
**\*\*\*165.00**

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 contained 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 on an attachment with an address.

SIGNATURE: *William E. Bolivar* **WILLIAM E. BOLIVAR** **4/25/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)