

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

FILED

**May 08 1998 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # P96000015634 (4)

1. Corporation Name
ABC AMERICAN BUSINESS CORPORATION



Principal Place of Business Mailing Address
**3905 S.W. 137TH AVE., #4
MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 5900 SW 127 AV	26 5900 SW 127 AV		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Suite 3101	27 Suite 3101		
City & State		City & State	
23 MIAMI FL	28 MIAMI FL		
Zip	Country	Zip	Country
24 33183	25 MIAMI-DADE	29 33183	30 MIAMI-DADE

3. Date Incorporated or Qualified
02/20/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BOLIVAR, MADELIN
15120 S.W. 104TH ST., #503
MIAMI FL 33196**

10. Name and Address of New Registered Agent

81 Name **BOLIVAR, WILLIAM E**

82 Street Address (P.O. Box Number is Not Acceptable)
5900 SW 127 AV

83 **Suite 3101**

84 City **MIAMI** FL 85 Zip Code **33183**

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]* **WILLIAM E. BOLIVAR** **4/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOLIVAR, MAXIMO E	
STREET ADDRESS	LOS ARBOLES TORRE DIVI-DIVE PISO 11C CALLE	
CITY-ST-ZIP	CARACAS VENEZUELA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOLIVAR, WILLIAM E	
STREET ADDRESS	15120 S.W. 104TH ST., #503	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOLIVAR, MADELIN	
STREET ADDRESS	15120 S.W. 104TH ST., #503	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	

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

SIGNATURE: *[Signature]* **WILLIAM E BOLIVAR** **4/28/98 (205) 408-9443**

CP2E034 (10/97)