

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700).

08-26-1999 90001 012 ***558.75
 P98000097278

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT 13 AM 8:33

DOCUMENT # P98000097278
 1. Corporation Name
 ABRICO, INC.

SECRETARY OF STATE
 1111 W. WASHINGTON STREET
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 11101 SOUTHWEST 156 STREET 11101 SOUTHWEST 156 STREET
 MIAMI FL 33157 MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|-------------------------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 11/19/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 105-0877894 | |
| City & State | | City & State | | 5. Certificate of Status Desired | |
| 23 | | 28 | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing Trust Fund Contribution | |
| 24 | | 29 | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 7. This corporation owes the current year Intangible Personal Property. | |
| 25 | | 30 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | | 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 607.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE | PSTD <input type="checkbox"/> DELETE | 1.1 TITLE | PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DE LAVELANET, JEAN M | 1.2 NAME | DeLavelanet, Jean JM |
| STREET ADDRESS | 11101 SOUTHWEST 156 STREET | 1.3 STREET ADDRESS | 11101 SW 156 Street |
| CITY-ST-ZIP | MIAMI FL 33157 | 1.4 CITY-ST-ZIP | MIAMI, FL 33157 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(f), 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 OF DIRECTOR Date: 7/30/99 Daytime Phone # _____

CR2E034 (5/99)