

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

'95 MAR -7 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S22296** (5)

1. Corporation Name
ABT INDUSTRIES CORP.

Principal Place of Business Mailing Address
HOLTZMAN, KRINZMON, EQUELS, SIGARS& FURIA
2601 BAYSHORE DR. SUITE 600
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/03/1991	3a. Date of Last Report 05/09/1994
4. FEI Number 65-0296463	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

SQUAREZ, ROBERTO E
10446 NW 31 TERRACE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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]*

2/2/95

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MICHELAGNOLI, MIGUEL
STREET ADDRESS	2601 BAYSHORE DR. SUITE 600
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D
NAME	SUAREZ, ROBERTO E
STREET ADDRESS	2451 BRICKELL AVE. #201
CITY-ST-ZIP	MIAMI FL 33129
TITLE	D
NAME	GIGEL, MATTHIAS
STREET ADDRESS	110 SW 26TH RD.
CITY-ST-ZIP	MIAMI FL 33129
TITLE	D
NAME	ZUCCOLILLO, JAVIER
STREET ADDRESS	ACISA. AV. MCAL LOPEZ y RCA ARGENTINA
CITY-ST-ZIP	ASUNCION, PARAGUAY
TITLE	D
NAME	DAVIS, ARTHUR
STREET ADDRESS	7663 DAVIS PEAK RD.
CITY-ST-ZIP	LITTLETON, CO. 80127
TITLE	
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Zuccolillo, Javier
4.3 STREET ADDRESS	ACISA. AV Mcal Lopez y RCA Argentina
4.4 CITY-ST-ZIP	Asuncion, Paraguay
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Davis, Arthur
5.3 STREET ADDRESS	7663 Davis Peak Rd.
5.4 CITY-ST-ZIP	Littleton, Co. 80127
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 if an addition with an addition.

SIGNATURE: *[Signature]* Director 2/2/95
SIGNATURE AND TYPE OR PRINTED NAME OF AGING OFFICER OR DIRECTOR
ROBERTO E. SUAREZ Roberto E. Suarez