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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000047731 (2)**
1. Corporation Name
A.B.Y. PARALEGAL INC.

Principal Place of Business: **5211 S.W. 154 CT. MIAMI FL 33185**
Mailing Address: **5211 S.W. 154 CT. MIAMI FL 33185**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/27/1994** 3A. Date of Last Report

4. FEI Number: **650504383** 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **A.B.Y. Paralegal, Inc. 175 Fernandina Blvd. Suite 266A Miami, FL 33172**
2a. Mailing Address: **Suite 266A Miami, FL 33172**

21. City & State: **Miami, FL** 26. City & State: **Miami, FL**

22. Zip: **33172** 27. Zip: **33172**

23. Country: **USA** 28. Country: **USA**

9. Name and Address of Current Registered Agent
**FERNANDEZ, BLANCA R
5211 S.W. 154 CT.
MIAMI FL 33185**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City FL B5 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 accept the obligations of Section 607.0305, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-27-95**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	BLANCA R. FERNANDEZ
STREET ADDRESS	5211 SW 154 CT
CITY - ST - ZIP	MIAMI FL 33185
TITLE	VICE PRESIDENT - SECRETARY
NAME	YADIRA C. PASARIN
STREET ADDRESS	11250 SW 40 TERRACE
CITY - ST - ZIP	MIA FL 33165
TITLE	TREASURER
NAME	MAUREN FERNANDEZ
STREET ADDRESS	5211 SW 154 CT
CITY - ST - ZIP	MIAMI FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 11D.07(3)(a), 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 secretary 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 change of name or an attachment with an address.

SIGNATURE: *[Signature]* **Blanca R. Fernandez** DATE: **4/27/95**

305-226-0800