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FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000047731 (2)

1. Corporation Name  
A.B.Y. PARALEGAL INC.



Principal Place of Business  
A.B.Y. PARALEGAL INC.  
175 FOUNTAINEBLEAU BLVD. SUITE 206A  
MIAMI FL 33172  
US

Mailing Address  
5211 S.W. 154 CT.  
MIAMI FL 33185-4419

3. Date Incorporated or Qualified 06/27/1994  
3a. Date of Last Report 05/09/1996

2. Principal Place of Business  
21 175 FOUNTAINEBLEAU BLVD SUITE 206A  
Suite, Apt. #, etc.

2a. Mailing Address  
26 175 FOUNTAINEBLEAU BLVD SUITE 206A  
Suite, Apt. #, etc.

4. FEI Number 65-0504383  
Applied For Not Applicable

22 2 G 6 A  
City & State

27 2 G 6 A  
City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 MIAMI, FL 33172  
Zip

28 MIAMI, FL 33172  
Zip

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 33172 Country USA

29 33172 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, BLANCA R  
5211 S.W. 154 CT.  
MIAMI FL 33185

81 Name SME  
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 607.1505, 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: *Blanca R. Fernandez* BLANCA R. FERNANDEZ 2-5-97 DATE  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	R	DELETE <input type="checkbox"/>
NAME	FERNANDEZ, BLANCA R	
STREET ADDRESS	5211 SW 154 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPS	DELETE <input type="checkbox"/>
NAME	PASARIN, YADIRA C	
STREET ADDRESS	11250 SW 40 TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	DELETE <input type="checkbox"/>
NAME	FERNANDEZ, MAUREN	
STREET ADDRESS	5211 SW 154 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

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 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: *Blanca R. Fernandez* 2/5/97 305 226-0800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)