

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90019 039 \*\*\*150.00

DOCUMENT # P93000062355

1. Corporation Name  
ABC DEVELOPMENT INC.

Principal Place of Business

291 SW 48 CT.  
MIAMI FL 33134

Mailing Address

PO BOX 558087  
MIAMI FL 33255-8087

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1993

4. FEI Number

65-0441319

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 the current year Intangible/  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 558087

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Miami, FL

27 City & State

28 Zip

24 33255-8087 25 U.S.

29 Zip Country

30

9. Name and Address of Current Registered Agent

GONZALEZ, JORGE  
291 SW 48 CT.  
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

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

5300 Riviera Drive

83

84 City Coral Gables

FL

85 Zip Code 33146

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, 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  
NAME GONZALEZ, JORGE  
STREET ADDRESS 291 SW 48 CT.  
CITY-ST-ZIP MIAMI FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

5300 Riviera Drive  
Coral Gables, FL 33146

☐ Change ☒ Addition

VD  
Lillian S. Gonzalez  
5300 Riviera Drive  
Coral Gables, FL 33146

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gonzalez

1/11/99

(305) 1063-0322

Date

Daytime Phone #

CR2E034 (11/98)

0277520