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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 483330 (7)

1. Corporation Name

AB2MT CONSULTANTS, INC.



Principal Place of Business

Mailing Address

9400 S DADELAND BLVD
STE 370
MIAMI FL 33156
US

9400 S DADELAND BLVD
STE 370
MIAMI FL 33156
US

2. Principal Place of Business

2a. Mailing Address

21

26

Sube. Apt. #, etc.

Sube. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

SCHANG, KENNETH W.
27550 SW 168 AVENUE
MIAMI FL 33031

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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. Thereby 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 below of registered agent and individual agent.

Date

Date

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	SCHANG, KENNETH W.	
STREET ADDRESS	27550 S.W. 168 AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE	SVD	☐ DELETE
NAME	CHURCH, PAULA H.	
STREET ADDRESS	9701 SW 73 AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE	VTD	☐ DELETE
NAME	WATERS, RICHARD A	
STREET ADDRESS	12820 S.W. 69 AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 of this report or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH W. SCHANG

4-2-96

(305)670-1011

CR2E034 (12/95)