

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 550448 (5)
1. Corporation Name
AABA LOPEZ INSURANCE & REALTY, INC.



Principal Place of Business: 5370 PALM AVENUE SUITE 1 HIALEAH FL 33012
Mailing Address: 5370 PALM AVENUE SUITE 1 HIALEAH FL 33012

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

3. Date Incorporated or Qualified: 11/01/1977
3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-1781274
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**QUINTERO, MANUEL
5370 PALM AVENUE #1
HIALEAH FL 33012**

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

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 [] DELETE
NAME PD QUINTERO, MANUEL
STREET ADDRESS 5430 PALM AVE.
CITY-ST-ZIP HIALEAH FL
TITLE [] DELETE
NAME D LOPEZ, JOSEPH M.
STREET ADDRESS 5430 PALM AVE.
CITY-ST-ZIP HIALEAH 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 [X] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS 5370 PALMAVE #1
1.4 CITY-ST-ZIP HIALEAH, FL 33012
2.1 TITLE [X] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS 5370 PALM AVE #1
2.4 CITY-ST-ZIP HIALEAH, FL 33012
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 if changed, or on an attachment with an address.

SIGNATURE: *Manuel Quintero* MANUEL QUINTERO 4-29-96 305 557-5135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)