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

**FILED** Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 673459 (4) ABLE BUILDERS EXPORT, INC. Principal Place of Business Malling Address 7451 N.W. 63RD ST. 7451 N.W. 63RD ST. MIAMI FL 33166-3603 MIAMI FL 33166-3603 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2010605 Not Applicable Sulte, Apt. #, etc. Suilo, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution 23 28 Added to Fees Žip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yos Yos 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FREEDMAN, STANFORD W. 7451 N.W. 63RD ST. Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33166-0603 **B**3 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 71114 Change ☐ Addition TITLE FREEDMAN, STANFORD W. NAME 1.2 NAME CR2E034 7451 N.W. 63RD ST. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 T/TLE NAME 6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: V

STREET ADDRESS

CITY-ST-ZIP

COCCOMAN

14. Thereby 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 of 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 an attacturent with an address. 3/30/98

305-593-2253