Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90025 023 ***150.00

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**

DOCUMENT # 672450

1. Corporation ABLE BU	IILDERS EXPORT, INC.					
Principal Place	of Business	Mailing Address			1811 61811 61611 61611 6161	
7451 N.W. 63RD	O ST.	7451 N.W. 63RD ST.				
MIAMI FL 33166		MIAMI FL 33166-3603		DO NOT MOTE	IN THIS SPACE	
US	•	US			IN THIS SPACE	
				3. Date Incorporated or Qualifed 06/13/1980		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	⊢ +−	pplied For
21		26		59-2010605		lot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	 	Additional
22		27				Required
City & State	e	City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution	Added	To Fees
Zip	Country	Zip	Country	8. This corporation owes the current	t year Intangible ☐ Yes	□No
24	25	29 3	0	Personal Property Tax.		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	Bistelen Walli	
CDCC	EDMAN STANEODD W		I I I I I I I I I I I I I I I I I I I			
FREEDMAN, STANFORD W. 7451 N.W. 63RD ST.			82 Street Addr	ress (P.O. Box Number is Not Acceptable	e)	j
	Al FL 33166-0603		83			
MIN	M 1 E 33 100-0003		03			Ì
			84 City		FL 85 Zip	Code
				Control of the state of the sta	· - _	to registered
office or re agent, I ar	to the provisions of Sections of 7.0002 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was aut	norized by the corporation	oration submits this statement for the puon's board of directors. I hereby accept t	the appointment as	registered
SIGNATURE						
_	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Agent signature require		DATE	
12.	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	Registered Agent signature require	of when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECT	
	PDT OFFICERS AND					
12.	OFFICERS AND	D DIRECTORS	13.		CERS AND DIRECT	
12.	PDT OFFICERS AND	D DIRECTORS	13. 1.1 TITLE		CERS AND DIRECT	
12. TITLE NAME	OFFICERS AND PDT FREEDMAN, STANFORD W.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		CERS AND DIRECT	e
12. TITLE NAME STREET ADDRESS	PDT FREEDMAN, STANFORD W. 7451 N.W. 63RD ST.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		CERS AND DIRECT	e
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	PDT FREEDMAN, STANFORD W. 7451 N.W. 63RD ST.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		CERS AND DIRECT	e
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14. 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 of suppliemental 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 corpolation 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 an altrachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP