

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 # H20543 (5)

1. Corporation Name
ABITI, INC.



Principal Place of Business
755 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address
755 WASHINGTON AVENUE
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified 09/12/1984	3a. Date of Last Report 04/06/1995
4. FEI Number 59-2457833	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

DENNIS J. OLLE
OLLE, MACAULAY & ZORRILLA, P.A.
201 SOUTH BISCAYNE BLVD. 31402
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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 on the left form of new Agent (over 11th of 1994-1995)

Signature typed on the right form of new Agent (over 11th of 1994-1995)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	SARDINIA, MELISSA G.	2. NAME	☐ Change ☐ Addition
STREET ADDRESS	755 WASHINGTON AVE.	3. STREET ADDRESS	☐ Change ☐ Addition
CITY- ST- ZIP	MIAMI BEACH FL 33139	4. CITY- ST- ZIP	☐ Change ☐ Addition
TITLE	DCST	5. TITLE	☐ Change ☐ Addition
NAME	SERGIO G. SARDINIA	6. NAME	☐ Change ☐ Addition
STREET ADDRESS	755 WASHINGTON AVENUE	7. STREET ADDRESS	☐ Change ☐ Addition
CITY- ST- ZIP	MIAMI BEACH FL 33139	8. CITY- ST- ZIP	☐ Change ☐ Addition
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. STREET ADDRESS	☐ Change ☐ Addition
CITY- ST- ZIP		12. CITY- ST- ZIP	☐ Change ☐ Addition
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	☐ Change ☐ Addition
STREET ADDRESS		15. STREET ADDRESS	☐ Change ☐ Addition
CITY- ST- ZIP		16. CITY- ST- ZIP	☐ Change ☐ Addition
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	☐ Change ☐ Addition
STREET ADDRESS		19. STREET ADDRESS	☐ Change ☐ Addition
CITY- ST- ZIP		20. CITY- ST- ZIP	☐ Change ☐ Addition

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 person or persons 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGIO G. SARDINIA

1-31-96

305-672-4224

Date

Daytime Phone #

CR2E034 (12/95)