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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K12

(5)

AMERICAN BUSINESS TRADING, INCORPORATED  Principal Place of Business  150 SE 2ND AVE 201 NE 1ST STREET MIAMI FL 33132 US  MIAMI FL 33132 US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  A11011000		·
2. Principal Place of Business 2e, Mailing Address						01/19/1988 4. FEI Number	Applied For
1	0. D2011000	26	— <del>—</del>			65-0051596	Not Applicable
Suite, Apt. #, el	C.	Suito,	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & <b>28</b>	State			6. Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29		Countr 30	γ ———		Yes No
COGO,	Name and Address of Cu	rrent Hegistered A	rgent .	81	Name	10. Name and Address of New Registered	√ðeur.
	FL 33132  e provisions of Sections 607. tered agent, or both, in the S milliar with, and accept the o	0502 and 607.1500 tate of Florida. Suc oligations of, Section	3, Florida Statute h change was a on 607.0505, Flo	83 84 es, the above authorized borida Statute	City	FLI corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	85 Zip Code changing its registered ointment as registered
SIGNATURE	iture, typed or printed name of registers					e required when reinstating) DATE	
12.		AND DIRECTORS	nio (NOIE	13.	Jeni ingredium	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE P	COGO, LUIS 020 SW 111ST AVE		DELETE	1.1 TITLE 1.2 NAME 1.3 STREE			☐ Change ☐ Addition
CITY-ST-ZIP N	(IAM) FL			1.4 CITY-	ST-ZIP	1	
STREET ADDRESS 3	E COGO, MABEL BEATR 020 SW 111ST AVE	IZ V	DELETE		T ADDRESS		Change Addition
CITY-ST-ZIP N TITLE NAME STREET ADDRESS	NAMI FL		DELETE	2. 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE			☐ Change ☐ Addition
CITY-ST-ZIP TITLE		·	☐ DELETE	3.4. CITY -			Change Addition

14. I hereby certify that the information supplied with this filling 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 application 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 corporal or in 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 changes or on a stachment with an address.

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Luis A. COGO

DELETE

DELETE

10/98 (3

(305)381-6084

Change

Addition

Addition

**FILED** 

Mar 04 1998 8:00am

Secretary of State

CHESE (1097)