FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 6:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01164** **(7)**

1. Corporation Name
ABBE IMPORT- EXPORT CORP.

Principal Place of Business	Mailing Address
8347 NW 64TH ST. MIAMI FL 33166 US	P.O. BOX 163138 MIAMI FL 33116 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/10/1989
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business
21 12231 S.W. 129 Ct.
Suite, Apt. #, etc. 22
City & State 23 MIAMI, FL.
Zip 24 33186 Country 25 DADE

2a. Mailing Address
26 P.O. BOX 163138
Suite, Apt. #, etc. 27
City & State 28 MIAMI, FL.
Zip 29 33116-3138 Country 30 DADE

4. FEI Number: 65-0132949 ☐ 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

9. Name and Address of Current Registered Agent

ABUCHAIBE, JUAN B.
[illegible]

10. Name and Address of New Registered Agent

81 Name: JUAN B. ABUCHAIBE
82 Street Address (P.O. Box Number is Not Acceptable)
83 14281 S.W. 94 Circle Ln. #102
84 City: MIAMI, FL. FL 85 Zip Code: 33186

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	ABUCHAIBE, JUAN B.	12 NAME	ABUCHAIBE, JUAN B.	
STREET ADDRESS	10771 SW 88TH ST. #201	13 STREET ADDRESS	14281 SW 94 Cir.Ln. #102	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	ST	21 TITLE	ST	☒ Change ☐ Addition
NAME	ABUCHAIBE, DORIS	22 NAME	ABUCHAIBE, DORIS	
STREET ADDRESS	10771 SW 88TH ST. #201	23 STREET ADDRESS	14281 SW 94 Cir. Ln. #102	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 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: [signature] 4-24-95 (305) 234-2418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0427108 FP