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

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-2IP

FILED PROFIT May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L01164 (7) ABBE IMPORT- EXPORT CORP. Principal Place of Business Mailing Address 12231 SW 129_CT 12231-SW 128-01. MIAMLEL 33180 DO NOT WRITE IN THIS SPACE MIAME FL 33186 3. Date Incorporated or Qualified 07/10/1989 Principal Place of Business 2a. Mailing Address Applied For 5W80 ST 14905 14905 Not Applicable SW 8057 26 65-0132949 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 作 221 # 221 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be FL MIRMI MY AM Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes or has paid the current year Intangible 30 MiAMI-) NIE 33193 Yes MA-DAD429 Personal Property Tax due June 30. ☐ No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ABUCHAIBE, JUAN B. & uchaige 15108 BW 104 ST. #720 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33196 80 83 84 Zip Code 3 3/93 MAM 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 in highligations of Section 607.0505, Florida Statutes.

SIGNATURE.

SIGNATURE. (NOTE Registered Agent eignature required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE PRESIDEN F Change 1.1 TITLE TITLE JUEN B, DOUCHOISE ABUCHAIBE, JUAN B. NAME 1.2 NAME -15100 GW 104 ST: #720 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33190-1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TCE-Change 2.1 TITLE TITLE ADIRAN BUCHAISE ABUCHAIBE, DOBIS 2.2 NAME NAME 80 80 ST 14905 15108 SW 104 ST. #720 STREET ADDRESS 2.3 STREET ADDRESS MIAMIFE 33196 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE abuchaibe, kadir a 🔽 3.2 NAME 45108 SW 104 ST, 4720 -> 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE

14. I hereby certify that the information supplied with this filing does not qualify for 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.

5.2 NAME

61 TITLE 6.2 NAME

DELETE

5.3 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-ZIP

54 CITY-ST-ZIP

16/17/20 (2-1) 28/

☐ Change

Addition