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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L21579

(2)

1. Corporation Name

A ABELLE INSURANCE, INC.

Principal Place of Business

2875 N.E. 191ST ST.
SUITE 800
NORTH MIAMI BEACH FL 33180

Mailing Address

2875 N.E. 191ST ST.
SUITE 800
NORTH MIAMI BEACH FL 33180-2803

3. Date Incorporated or Qualified
10/10/1989

3a. Date of Last Report
05/14/1996

4. FEI Number

65-0146990

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

21 2875 N.E. 191st STREET

Suite, Apt. #, etc.

22 SUITE 857

City & State

23 AVENTURA FLORIDA

Zip

24 33180

Country

25 DADE

2a. Mailing Address

26 2875 N.E. 191st STREET

Suite, Apt. #, etc.

27 SUITE 857

City & State

28 AVENTURA FLORIDA

Zip

29 33180

Country

30 DADE

9. Name and Address of Current Registered Agent

JAFFEE, LENORA
9520 TOLEDO LANE
FT. LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE
NAME JAFFEE, LENORA
STREET ADDRESS 2875 N.E. 191 ST, #800
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE DP ☐ DELETE
NAME JAFFEE, LOIS K.
STREET ADDRESS 2875 N.E. 191 ST, #800
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE DV ☐ DELETE
NAME JAFFEE, JAMES I.
STREET ADDRESS 2875 N.E. 191 ST, #800
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DS ☒ Change ☐ Addition
12 NAME JAFFEE, LENORA
13 STREET ADDRESS 2875 N.E. 191 STREET, SUITE 857
14 CITY-ST-ZIP AVENTURA, FL. 33180

21 TITLE DP ☒ Change ☐ Addition
22 NAME JAFFEE, LOIS K.
23 STREET ADDRESS 2875 N.E. 191 STREET, SUITE 857
24 CITY-ST-ZIP AVENTURA, FL. 33180

31 TITLE DV ☒ Change ☐ Addition
32 NAME JAFFEE, JAMES I.
33 STREET ADDRESS 2875 N.E. 191 STREET, SUITE 857
34 CITY-ST-ZIP AVENTURA, FL. 33180

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LENORA JAFFEE

1/11/97 (954) 452-8991

CR2E034 (9/96)