

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L60876

1. Corporation Name

ADVANCE BUSINESS MACHINE, INC.

Principal Place of Business

**16391 N.E. 11th Ave,
N. Miami Beach, FL
33162**

Mailing Address

**16391 N.E 11th Ave.
N. Miami Beach, FL
33162**

3. Date Incorporated or Qualified
3/23/90

3a. Date of Last Report
6/7/95

2. Principal Place of Business

2a. Mailing Address

21 16391 N.E. 11th Ave.

26 16391 N.E. 11th Ave.

4. FEI Number

65-0191958

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 N. MIAMI BEACH, FL

28 N. MIAMI BEACH, FL

Zip

Country

Zip

Country

24 33162

25 USA

29 33162

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Patrick Eloi
1021 N.W. 173rd Avenue
Pembroke Pines, FL 33029**

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's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
**President
Patrick Eloi
1021 N.W. 173rd Avenue
Pembroke Pines, FL 33029**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
**General Manager
Patrick Doliny
18071 N.E 9th Ct.
N. Miami Beach, FL 33162**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

1 1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP ☐ Change ☐ Addition

2 1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP ☐ Change ☐ Addition

3 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP ☐ Change ☐ Addition

4 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP ☐ Change ☐ Addition

5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP ☐ Change ☐ Addition

6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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 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

Date

Daytime Phone #

4/1/96

945-3707

CR2E034 (12/95)