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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Suite, Apt. #, old: Suite, Apt. #, eld:	•	1996	** **/	N OF CORPORATIONS		
Principal Place of Business		MENT # L8050)2 (2	(1)		
Col LAMONT, NEMAN & FELICRMAN, P.A. ONE BISCAYNE TWIN, #3502 & BISCAYNE BLVD. 186 NN. 287 H. 376 F. 186 NN. 287 H. 376 NN. 287 H. 376 F. 186 NN. 287 H. 376 NN. 287 H. 376 F. 186 NN. 287 H. 376 N	A.B.M.	F., INC.				
Col LAMONT, NEMAN & FELICRMAN, P.A. ONE BISCAYNE TWIN, #3502 & BISCAYNE BLVD. 186 NN. 287 H. 376 F. 186 NN. 287 H. 376 NN. 287 H. 376 F. 186 NN. 287 H. 376 NN. 287 H. 376 F. 186 NN. 287 H. 376 N						
Distail Name	Principal Place	of Business	Mailing Address			4 118 \$151 Block Block Block Block Block
### 1.3315 US 2. Principal Place of Business 2. Mailing Address 4. FEI Number 66/13/1990 8. Date of Last Airport 66/13/1990 65/26/1985 8. Application 65/26/1985 8. App				STREET		
2. Principal Place of Business 2a. Mailing Address 4. FEL Number 66/13/1993 6/5/28/1995 6/5/28/1995 28/6 24/6 28/6 6. Certificate of Status Desired 58.75 Address 5. Certificate of Status Desired 58.75 Address						
2. Principal Place of Business 2a. Malling Address 25 25 25 25 25 25 25			•			
Suite, Act #, etc. Suite, Act #, etc. Suite, Act #, etc. So. Certification of Status Desired \$8.75 Assister Fer. Required \$5.00 May br \$5.00		ace of Business	2a. Mailing Address	\$	4. FEI Number	Applied For
22					65-0200361	Not Applicable
City & State City		#, Otc.		10.	5. Certificate of Status Desired	11 7: -
20	City & State	}			6. Election Campaign Financing	\$5 00 May Ro
25 28 30 10 10 10 10 10 10 10		Pounts		Counts	 	Added to Fees
Same and Address of Ourrent Registered Agent		þ 	<u> </u>			intangible tax under si 199.032,
LAMONT, NEIMAN & FEUERMAN, P.A. ONE BISCAYNE TOWER, SUITE 3550 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131 11. Fursiant to the provisions of Sections 607 0502 and 607.1508, Fordas Statutes, the above named corporation submits this statement for the purpose of changing its registered 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 is fordated by the comporation's board of directors. I hereby accept the appointment as registered agent. I is fordated to obligations of Section 607.0505. Profice Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE DPT		9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	legistered Agent
ONE BISCAYNE TOWER SUTE 3550 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131 84 City FL 85 Zip Code Or registered agent, or both, in the State of Florida Statutes, the above remed concertion submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florida Statutes, the above remed concertion submits this statement for the purpose of changing the registered agent. I a state of Florida Statutes, the above remed concertion submits this statement for the purpose of changing the registered agent. I a state of Florida Statutes. Thereby accept the appointment as registered agent. I a state of Florida Statutes. SIGNATURE Opt OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE DY OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 1385 N.W. 29TH STREET MIAMI FL 1385 N.W				81 Name		
83 84 City				82 Street Add	ress (P.O. Box Number is Not Acceptab	(eld
MIAMI FL 33131 B4 City FL 85 Zip Code City				83		
The 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 or registered agent, or both, in the State of Florida Such change was sufficience Agent as above named corporation's board of directors. Thereby accept the purpose of changing its registered agent. It is composition to the provisions of Section 607,0502, Florida Statutes. SIGNATURE Signature byte of private harmon of registerial agent aim tent approache.				04 04		10-1 % A.d.
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 canalize with, and accept the obligations of, Section 607, 05505, Florida Statutes. SIGNATURE 12.	***********			84 City		FL 85 Ap Code
NAME FERNANDEZ, MANUEL 12 NAME 1385 N.W. 29TH STREET 24 CITY. 51 - 27P	SIGNATURE .	Signature typed or printed name of registered age:	in) and title if applicable.	(NOTE: Registered Agent signature require	od wheri reinsfating)	DATE
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DILETE DELETE 1.4 City - S1 - 2IP						
DVS				1		
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City - S1 - ZiP MIAMI FL	NAME			22 NAME		
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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 furth 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 un cath; 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 nan appears in Block 12 or Block 13 if changes, or or fan attachment with an address.	codify that	t the information indicated on this and	nual report or eupplements	al annual report is true and accurr	ata and that my eignature chall have the	eanne logal affact as if made under

MANUEL FERNAN DEZ E/SE/FE
PRINTEDIANE OF SIGNING OFFICER OR DIRECTOR

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