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

FILED
95 MAY -1 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L96731** **(9)**

1. Corporation Name
ANTHONY ABRAHAM BUICK, INC.

000001471690
-05/02/95--01148--013
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1505 PONCE DE LEON BLVD CORAL GABLES FL 33134	1505 PONCE DE LEON BLVD CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **08/27/1990**
3a. Date of Last Report: **10/24/1994**

2. Principal Place of Business
21: 4181 S.W. 8TH ST
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FL
24: Zip: 33134
25: Country

2a. Mailing Address
26: 4181 S.W. 8TH ST
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL
29: Zip: 33134
30: Country

4. FEI Number: **65-0213937** ☐ 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

7. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ABRAHAM, THOMAS G.
1505 PONCE DE LEON BLVD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: BRYEN, WARREN
82 Street Address (P.O. Box Number is Not Acceptable): 4181 S.W. 8TH ST
83:
84 City: MIAMI **FL** 85 Zip Code: 33134

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: Warren Bryen / WARREN BRYEN 4-25-95
Signature, typed or printed name of registered agent and title if applicable (REQUIRED: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ABRAHAM, ANTHONY, R	12 NAME	
STREET ADDRESS	727 S ALHAMBRA CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	ABRAHAM, THOMAS, G	22 NAME	
STREET ADDRESS	330 SOLANO PRADO	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
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 is on an attachment with an address.

SIGNATURE: Anthony R. Abraham 4.25.95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0141190 CP