

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
**Apr 18, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **M18021** (9)

1. Corporation Name  
**ABKEY NO.2 INC.**

Principal Place of Business

**P.O. BOX 330927  
P.O. BOX 330777  
COCONUT GROVE FL 33233-0927  
US**

Mailing Address

**P.O. BOX 330927  
P.O. BOX 330777  
COCONUT GROVE FL 33233-0927  
US**

3. Date Incorporated or Qualified  
**07/15/1985**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

**21 3444 Main Highway**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 P. O. Box 330927**  
Suite, Apt. #, etc.

**22 Third Floor**  
City & State

27 City & State

**28 Coconut Grove, FL**

**23 Coconut Grove, FL**

**24 33133** Zip Country  
**25 US**

**29 33233-0927** Zip Country  
**30 US**

4. FEI Number  
**59-2556419**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI  
1500 EDWARD BALL BLDG.  
100 CHOPIN PLAZA  
MIAMI FL 33131**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE  
NAME **AMOS, BETTY G.**  
STREET ADDRESS **13724 SOUTH WEST 92 CT**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **PDST** ☒ Change ☐ Addition  
1.2 NAME **AMOS, BETTY G.**  
1.3 STREET ADDRESS **3444 Main Highway, Third Floor**  
1.4 CITY-ST-ZIP **Coconut Grove, FL 33133** ☐ Change ☐ Addition

TITLE **D** ☒ DELETE  
NAME **BUONICONTI, TERESA**  
STREET ADDRESS **4321 SANTA MARIA**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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

**BETTY AMOS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

305-442-4284

CR2E034 (12/95)