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Apr 09 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 # M18021 (9)

1. Corporation Name
ABKEY NO.2 INC.

Principal Place of Business

Mailing Address

3444 MAIN HWY
P.O. BOX 330777
COCONUT GROVE FL 33133
US

P.O. BOX 330827
COCONUT GROVE FL 33233-0827
US

3. Date Incorporated or Qualified
07/15/1985

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 3rd Floor

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 Coconut Grove, FL
City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

33133

USA

8. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE PDST
1.2 NAME Betty G. Amos
1.3 STREET ADDRESS 3444 main Hwy, 3rd Floor
1.4 CITY- ST- ZIP Coconut Grove, FL 33133

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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

4-1-97 305-442-4284

Date

Daytime Phone #

0256001

CR2E034 (9/96)