FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1999



Katherine Harris

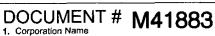
Secretary of State

DIVISION OF CORPORATIONS

PROFIT FLORIDA DEPARTMENT OF STATE

Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90019 041 ***150.00

FILED



PAABDO CORPORATION

Principal Place of Business C/O STUART GLAUSER 12910 S.W. 84TH STREET MIAMI FL 33183

Mailing Address

C/O STUART GLAUSER 12910 S.W. 84TH STREET MIAMI FL 33183



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/19/1986 2a. Mailing Address 4.~FEI Number Applied For 2. Principal Place of Business 59-2742365 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country This corporation owes the current year Intangible Zip Country 30 Personal Property Tax. 24 25 29 9. Name and Address of Current Registered Agent

GLAUSER, STUART 12910 S.W. 84TH STREET MIAMI FL 33183

	10. Name and Address of New Registered Agent									
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: Rec	gistered Agent signature re	equired when reinstating)		DATE			
			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	VPS DEL	ETE	1.1 TITLE		_	☐ Change	Addition		
NAME	MARCUS, DORIS		1.2 NAME						
STREET ADDRESS	353 W 47TH ST.		1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI BCH FL		1.4 CITY-ST-ZIP						
TITLE	PT DEL	ETE	2.1 TITLE			Change	☐ Addition		
NAME	MARCUS, ABRAHAM		2.2 NAME						
STREET ADDRESS	2 FOUNTAIN LN.		2.3 STREET ADDRESS						
CITY-ST-ZIP	SCARSDALE NY		2.4 CITY-ST-ZIP						
TITLE	□ DEL	ETE	3.1 TITLE			☐ Change	☐ Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-\$T-ZIP			3.4. CITY-ST-ZIP		_				
TITLE	DEL	ETE	4.1 TITLE			☐ Change	☐ Addition		
NAME			4. 2 NAMÉ						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP		_	4.4 CITY-ST-ZIP	_					
TITLE	□ DEL	ETE	5.1 TITLE			☐ Change	Addition Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 C/TY-ST-ZIP		_				
TITLE	□ DEL	ETE	6.1 TITLE			☐ Change	☐ Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS	•		•			
			CACITY OF 710		_				

14. I 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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)