

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **M91275** (1)

1. Corporation Name
ABAI CORP.

Principal Place of Business

**3775 N. WEST 36SST
MIAMI FL 33142
US**

Mailing Address

**% SARAH LEVY
141-28 70TH RD
FLUSHING NY 11367-1937
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/22/1988

4. FEI Number
11-2930996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

9. Name and Address of Current Registered Agent

**LEVY, SARAH
3800 NW 37TH CT
BLDG 3 1135
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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																																																																																																												
<table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>LEVY, SARAH</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3800 NW 37TH CT</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>MIAMI FL</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>LEVY, SHALOM</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3800 NW 37TH CT</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>MIAMI FL</td><td></td></tr><tr><td>TITLE</td><td>VP</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>BOYUM, AREILLA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3800 NW 37TH CT</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>MIAMI FL</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>	TITLE	P	<input type="checkbox"/> DELETE	NAME	LEVY, SARAH		STREET ADDRESS	3800 NW 37TH CT		CITY - ST - ZIP	MIAMI FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	LEVY, SHALOM		STREET ADDRESS	3800 NW 37TH CT		CITY - ST - ZIP	MIAMI FL		TITLE	VP	<input type="checkbox"/> DELETE	NAME	BOYUM, AREILLA		STREET ADDRESS	3800 NW 37TH CT		CITY - ST - ZIP	MIAMI FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			<table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY - ST - ZIP</td><td></td></tr><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY - ST - ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY - ST - ZIP</td><td></td></tr><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY - ST - ZIP</td><td></td></tr><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY - ST - ZIP</td><td></td></tr><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY - ST - ZIP</td><td></td></tr></table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY - ST - ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
TITLE	P	<input type="checkbox"/> DELETE																																																																																																											
NAME	LEVY, SARAH																																																																																																												
STREET ADDRESS	3800 NW 37TH CT																																																																																																												
CITY - ST - ZIP	MIAMI FL																																																																																																												
TITLE	D	<input type="checkbox"/> DELETE																																																																																																											
NAME	LEVY, SHALOM																																																																																																												
STREET ADDRESS	3800 NW 37TH CT																																																																																																												
CITY - ST - ZIP	MIAMI FL																																																																																																												
TITLE	VP	<input type="checkbox"/> DELETE																																																																																																											
NAME	BOYUM, AREILLA																																																																																																												
STREET ADDRESS	3800 NW 37TH CT																																																																																																												
CITY - ST - ZIP	MIAMI FL																																																																																																												
TITLE		<input type="checkbox"/> DELETE																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY - ST - ZIP																																																																																																													
TITLE		<input type="checkbox"/> DELETE																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY - ST - ZIP																																																																																																													
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
1.2 NAME																																																																																																													
1.3 STREET ADDRESS																																																																																																													
1.4 CITY - ST - ZIP																																																																																																													
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
2.2 NAME																																																																																																													
2.3 STREET ADDRESS																																																																																																													
2.4 CITY - ST - ZIP																																																																																																													
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
3.2 NAME																																																																																																													
3.3 STREET ADDRESS																																																																																																													
3.4 CITY - ST - ZIP																																																																																																													
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
4.2 NAME																																																																																																													
4.3 STREET ADDRESS																																																																																																													
4.4 CITY - ST - ZIP																																																																																																													
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
5.2 NAME																																																																																																													
5.3 STREET ADDRESS																																																																																																													
5.4 CITY - ST - ZIP																																																																																																													
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
6.2 NAME																																																																																																													
6.3 STREET ADDRESS																																																																																																													
6.4 CITY - ST - ZIP																																																																																																													

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.

SIGNATURE: *Sarah Levy* 3-20-98 718-261-3793

CR2E034 (10/97)