FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # P93000034879 (5)

1. Corporate Name

ABP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2655 LEJEUNE RD STE 805 CORAL GABLES FL 33134	2655 LEJEUNE RD STE 805 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/13/1993	05/01/1994

4. FEI Number: 65-0417147 — 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

2. Principal Place of Business (21 – 25) / 2a. Mailing Address (26 – 30): Suite, Apt. # etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIR, HECTOR J 2655 LEJEUNE RD STE 1107 CORAL GABLES FL 33134	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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	Change / Addition
NAME	DIAZ, BENITO H	
STREET ADDRESS	2655 LEJEUNE RD #805	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	Change / Addition
NAME	DIAZ, MARIA A	
STREET ADDRESS	2655 LEJEUNE RD #805	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
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(1)(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: BENITO H DIAZ — PRESIDENT   4/30/95   305-525-5910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0141293 CP