FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 25 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044473 (5)

1. Corporation Name
ABESS CORP.

Principal Place of Business	Mailing Address
~~3510 BISCAYNE BLVD.~~ ~~MIAMI FL 33137~~ ~~US~~	~~3510 BISCAYNE BLVD.~~ ~~MIAMI FL 33137~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1993
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 2800 BISCAYNE BOULEVARD	26 2800 BISCAYNE BOULEVARD
Suite, Apt. #, etc. 22 777	Suite, Apt. #, etc. 27 777
City & State 23 MIAMI FL	City & State 28 MIAMI, FL
Zip / Country 24 33137 / 25 U.S.A	Zip / Country 29 33137 / 30 U.S.A.

4. FEI Number: 65-0419083 — ☐ 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
BARBOSA, LUIS HENRIQUE L ~~3510 BISCAYNE BLVD., SUITE 302~~ ~~MIAMI FL 33137~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2800 BISCAYNE BOULEVARD # 777 83 84 City: MIAMI FL 65 Zip Code: 33137

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	BARBOSA, LUIS HENRIQUE L	1.2 NAME	
STREET ADDRESS	RUA ISIDORO DE LAET #20	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO, S.P.	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	HOYLER, FRANZ S	2.2 NAME	
STREET ADDRESS	AOS 6 BL B APT 608	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRASILIA, D.F.	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BARBOSA, EDMILSON L	3.2 NAME	
STREET ADDRESS	RUA ISIDORO DE LAET #23	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO SP	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDES, ALANO DE ARAUJ	4.2 NAME	
STREET ADDRESS	AOS 6 BL G APT 203	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRASILIA DF	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: X _____ 03/28/95 (305) 516.4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANZ S. HOYLER

0143700 CP