

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000044473 (5)
1. Corporation Name

ABESS CORP.

Principal Place of Business
2800 BISCAYNE BLVD.
SUITE 777
MIAMI FL 33137
US

Mailing Address
2800 BISCAYNE BLVD.
SUITE 777
MIAMI FL 33137
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/17/1993	04/25/95
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	65-0419083	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BARBOSA, LUIS HENRIQUE L
2800 BISCAYNE BLVD
SUITE 777
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name	EDMILSON L BARBOSA
82 Street Address (P.O. Box Number is Not Acceptable)	2800 BISCAYNE BLVD.
83	SUITE 777
84 City	MIAMI
85 Zip Code	FL 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 of 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]* DATE 04/18/96

(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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYLER, FRANZ S	2.2 NAME	
STREET ADDRESS	AOS 6 BL APT 608	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRASILIA, D.F.	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBOSA, EDMILSON L	3.2 NAME	
STREET ADDRESS	RUA ISIDRO DE LAET #23	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO, S.P.	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	4.1 TITLE	
NAME	FERNANDES, ALANO DE ARAULO	4.2 NAME	
STREET ADDRESS	AOS 8 BL G APT 203	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRASILIA, D.F.	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
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 truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* DATE 04/18/96 (305) 576-4555

CR2E034 (12/95)