

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000069486 (7)**

1. Corporation Name

ABITO, INC.



Principal Place of Business

Mailing Address

**20801 BISCAYNE BLVD.
SUITE 302
NORTH MIAMI BEACH FL 33180**

**15 E 3RD AVENUE
15TH FLOOR
MIAMI FL 33131
US**

3. Date Incorporated or Qualified

10/06/1993

3a. Date of Last Report

06/30/1995

2. Principal Place of Business

2a. Mailing Address

21 19910 N.E. 19 COURT

26 1 S.E. THIRD AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 15 FLOOR

City & State

City & State

23 N. MIAMI BEACH FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33179

25 US

29 33131

30 US

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESFORMES, CARLA
20801 BISCAYNE BLVD.
SUITE 302
NORTH MIAMI BEACH FL 33180**

81 Name

RICHARD A. BERKOWITZ

82 Street Address (P.O. Box Number is Not Acceptable)

1 S.E. THIRD AVENUE

83

15 FLOOR

84 City

MIAMI

FL

85 Zip Code

33131

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 agree to, the provisions of the Florida Statutes.

SIGNATURE

Signature type: _____ (NOTE: Registered Agent signature required when re-registering)

6/27/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ESFORMES, CARLA**
STREET ADDRESS **1 SOUTH EAST 3RD AVENUE, 15TH FLOOR**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **D, P** ☐ Change ☐ Addition
1.2 NAME **BERKOWITZ, CARLA**
1.3 STREET ADDRESS **19910 N.E. 19 COURT**
1.4 CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96

3059339764

7/8/96

CR2E034 (3/96)