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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

	1996	of the state of th	rary of State F CORPORATION	<b>1</b> S			
1. Corporatio		00071397 (2	2)				
AMER	ican business machini	ES, INC.					
Principal Place	e of Business	Mailing Address			-	# <b>18</b>	
7730 S.W. 68TH TERRACE		7730 S.W. 68TH TERRACE					
MIAMI FL 3:	3143	MIAMI FL 33143					
					3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Pl	ace of Business	2a. Mailing Address			10/14/1993 4. FEI Number	03/02/1995	
21		26 4720 0	akes R	d.	65-0442695	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	And 1	·····	5. Certificate of Status Desired	\$8.75 Additional	
22 City & State	3	27 Unit E		******		Fee Hequired	
23		28 <b>Files</b> Day	ic Flo	rida	<b>6.</b> Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for		
24	25   9. Name and Address of Curre	29 33314	30) US	A	Florida Statutes 🔲 Yes	; ☑No	
	8, Italia Bilo Address di Culto	ent Registered Agent	81	Name	10. Name and Address of New F	tegistered Agent	
RALLES	TAS, ACHILLES						
	W. 68 TERRACE		82	Street Addre	t Address (P.O. Box Number is Not Acceptable)		
	L 33143		83			THE STREET STREET	
			84	Dity		To-1 7 0 1	
11 Duramont	o the problem of Out to 2007 000			*		FL 85 Zip Code	
or register	o the provisions of Sections 607,050 ed agent, or both, in the State of Flo	JZ and 607.1508, Florida Statut rida. Such change was authoriz	es, the above har ed by the corpora	ned corpora ition's board	ation submits this statement for the pur d of directors. I hereby accept the app	pose of changing its registered office	
DICMATURE:	or contract the state of the st	otion con .coco, i londa diatoles	<b>,</b>		, , , , , , , , , , , , , , , , , , , ,	and the region of again.	
SIGNATURE _	Signature, typed or printed name of registered ag-	nd and tille day disable (NC	) E. Foujstered Agont si	mature required	when reinstaling)	DATE	
12.	OFFICERS A	NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE NAME	DPVT	☐ DEFELE	1 1 TITLE	DF	VT Diabout	Change 🔲 Addition	
STREET ADDRESS	PIROVANO, RICHARD 7730 S.W. 68 TERRACE		1.2 NAME	Pir	rovano, Richard 140 oakes Rd.	unit 6	
CITY-ST-ZIP	MIAMI FL 33143		1.3 STREET AD	DRESS	HAD DUKES KOL	1	
TITLE	S	[] DELETE	2 1 TILLE	<u> </u>   \( \frac{1}{2} \)	avie, Fl. 33314	Change Addition	
NAME	PIROVANO, RICHARD		2.2 NAME	Pir	rovana Richard	Change [] Abdition	
STREET ADDRESS	7730 S.W. 68 TERRACE		23 STREET AD	DRESS 41	rougno, Richard 120 Oakes Rd, L	init E	
CITY-ST-ZIP	MIAMI FL 33143		2.4 CITY - ST - Z	P De	avie, FL : 33319	4	
TITLE		[]] DELETE	3 1 TITLE			Change Addition	
NAME STREET ADDRESS			3.2 NAME				
CITY-ST-ZIP			3.3. STREET AC				
TITLE		DELETE	3 4 C(TY-ST-Z	P		Change Addition	
NAME			4.2 NAME			change Modition	
STREET ADDRESS			4.3 STREET ADI	DRESS			
CITY-ST-ZIP			4.4 CITY-S1-Z	P			
THILE		DELETE	5 1 TITLE			Change Addition	
NAME STORES ADDRESS			5.2 NAME				
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADI	ì			
TITLE		DELETE	5.4 CHY-S1-Z 6.1 TITLE	P			
NAME		Em) Detterk	6.1 IIILE 6.2 NAME			Change Addition	
STREET ADDRESS			6.3 STREET ADD	RESS			
PITY_S1_7/P			I				

64 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 appears in Block 12 or Block 13 if chapter 607, Florida Statutes; and that my name

SIGNATURE:

TORE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96

954-792-6985

CR2E034 (12/95)