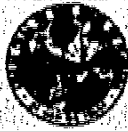


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075851 (4)

1. Corporation Name
ABC MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address
169 E. Flagler St. Suite 56
MIAMI, Florida LERMAN AND LERMAN P.A.
48 E. FLAGLER ST. (Penthouse)
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE.

21. Principal Place of Business	26. Mailing Address	4. FEI Number	3a. Date of Last Report
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	65-0449144	11/02/1993
23. City & State	28. City & State	5. Certificate of Status Desired	04/12/1994
24. Zip	29. Zip	<input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		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	10. Name and Address of New Registered Agent
HARRIS, ELLIOTT 111 SW 3RD ST 6TH FLOOR MCCORMICK BLDG MIAMI FL 33130	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code

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 a registered agent under Sections 607.0502, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS KOBROWSKI, ELIAS	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	169 E. Flagler St (Suite 1600)
STREET ADDRESS		1.3 STREET ADDRESS	MIAMI, FLORIDA 33132
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	LINDENFELD ELSA
STREET ADDRESS		2.3 STREET ADDRESS	169 E. Flagler St (Suite 1600)
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MIAMI, Florida 33132
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ELLIOTT	3.2 NAME	
STREET ADDRESS	111 SE 3RD ST 6TH FLOOR MCCORMICK BLDG	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33130	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Elia Kobrowski, President 4/16/95 3736541
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #
ELIAS KOBROWSKI