FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000075851 (4) ABC MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 189 E. FLAGLEE ST C/O LERMAN & LERMAN P.A. 48 FLAGLER ST. SUITE 101 SUITE 701 DO NOT WRITE IN THIS SPACE MIAMI FL 33132 MIAMI FL 33131 3. Date Incorporated or Qualified 11/02/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0449144 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the curren year Intangible 24 29 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARRIS, ELLIOTT 111 SW 3RD ST 82 Street Address (P.O. Box Number is Not Acceptable) 6TH FLOOR MCCORMICK BLDG вз **MIAMI FL 33130** 84 City Zip Code 85 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** Signature, typod or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE **UNDENFELD ELSA** NAME 1.2 NAME 169 E. FLAGLER ST SUITE 1600 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME HARRIS, ELLIOTT 2.2 NAME 111 SE 3RD ST 6TH FLOOR MCCORMICK BLDG 2.3 STHEET ADDRESS STREET ADDRESS MIAM! FL 33130 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change TITLE 3.1 TITLE Addition LINDENFELD, DANYA NAME 3.2 NAME 169 E FLAGLER ST STE 1600 STREET ADDRESS 3.3 STREET ADDRESS Miami Fl CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITL€ 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing 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 exemption 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 charged, or on an attachment with an address.