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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000043177 (2)

ABDEL INVESTMENTS, CORP.

## FILED Apr 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			1 FEBRUARI IND 18119 31831 48314 64141 68111 68111 681	F80 41101 41011 10011 1084 1004
2820 WEST 12TH AVENUE	% REYES' PROF. SERV I			
HIALEAH FL 3301\$	4545 N.W. 7TH STREET, S	SUFFE 12	DO NOT WRITE IN THIS SPACE	
	MIAMI FL 33126		3. Date Incorporated or Qualified	70.1102
			06/09/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26	<u> </u>	65-0497554	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional - Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
<b>Zip</b> Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24 25		30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered	1 Agent
AHMAD, ABDEL R		81 Name		
6720 WHITE OAK DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI (AKES FL 33014		83		
		84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607.05	502 and 607.1508. Florida Statute	s the above-named cor	poration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	ite of Florida. Such change was a	uthorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
'	igations of, section 607.0505, Flor	noa statutes.		
SIGNATURE  Signature, typod or printed name of registered a	agont and title it applicable (NOTE	: Registered Agent signature requ	vired when reinstating) DATE	
<u> </u>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
THILE THISD TO	☐ DELETE	1.1 TITLE P	ST	Change
NAME JAMAD, ABBEL R		1.2 NAME		
STREET ADDRESS , 6720 WHITE DAK DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI LAKES-FL 33014	N ACUETE	1.4 CITY - ST - ZIP		
TITLE .VTD.	DELETE	2.1 TITLE		L Change L Addition
HAME AHMAD, JAKAL Y		2.2 NAME		
STREET ADDRESS   6720 WHITE DAK DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP ANAMI LAKESOFL 33014	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	<del></del> _	Change Addition
HAME OF	C officit	3.2 NAME		C) Cliarige C Routilon
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME	_	4. 2 NAME		. –
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE	<del></del>	Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		İ
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 corporation or the receiver our resten 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 entering in the same decrease.

211108 12nc 1800-208