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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

May 01 1996 8:00 am

Secretary of State

DOCUMENT # P94000043374 (5)

1. Corporation Name

ABBEY ROADS A.C.L.F. INC.



| | | | |
|---|--|---|--|
| Principal Place of Business 2942 SW 4TH AVENUE MIAMI FL 33129 | | Mailing Address 2942 SW 4TH AVENUE MIAMI FL 33129 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 311 SW 21 RD 27 Suite, Apt. #, etc. 28 Miami FL 29 Zip 30 33129 31 Country us | |
| 9. Name and Address of Current Registered Agent MARVEZ, CHARLOTTE 311 SW 21ST ROAD MIAMI FL FL | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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, Section 607.0505, Florida Statutes.

SIGNATURE *Charlotte Marvez* CHARLOTTE MARVEZ 4/29/96.

| | | | |
|----------------------------|-------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | P | 1.1 TITLE | |
| NAME | RAMOS, JUAN C | 1.2 NAME | |
| STREET ADDRESS | 311 SW 21 RD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33129 | 1.4 CITY - ST - ZIP | |
| TITLE | VP | 2.1 TITLE | |
| NAME | MARVER, CHARLOTTE | 2.2 NAME | |
| STREET ADDRESS | 311 SW 21 RD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33129 | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

858-1926

Daytime Phone #

CR2E034 (12/95)