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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000047731 (2)

1. Corporation Name
A.B.Y. PARALEGAL INC.



Principal Place of Business
A.B.Y. PARALEGAL INC.
175 FOUNTAINEBLEAU BLVD. SUITE 206A
MIAMI FL 33172
US

Mailing Address
5211 S.W. 154 CT.
MIAMI FL 33185-4419

3. Date Incorporated or Qualified
06/27/1994

3a. Date of Last Report
05/09/1996

2. Principal Place of Business
21 175 FOUNTAINEBLEAU BLVD SUITE 206A
Suite, Apt. #, etc.

2a. Mailing Address
26 175 FOUNTAINEBLEAU BLVD SUITE 206A
Suite, Apt. #, etc.

4. FEI Number
65-0504383

Applied For
Not Applicable

22 2 G 6 A
City & State

27 2 G 6 A
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 MIAMI, FL 33172
Zip

28 MIAMI, FL 33172
Zip

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33172 Country
25 USA

29 33172 Country
30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ, BLANCA R
5211 S.W. 154 CT.
MIAMI FL 33185

10. Name and Address of New Registered Agent

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 607.1505, 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: *Blanca R. Fernandez* BLANCA R. FERNANDEZ 2-5-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	FERNANDEZ, BLANCA R	
STREET ADDRESS	5211 SW 154 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPS	DELETE
NAME	PASARIN, YADIRA C	
STREET ADDRESS	11250 SW 40 TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	DELETE
NAME	FERNANDEZ, MAUREN	
STREET ADDRESS	5211 SW 154 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: *Blanca R. Fernandez* 2/5/97 305 226-0800
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)