

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

FILED
May 18 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000047731 (2)

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



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| Principal Place of Business 175 FONTAINEBLEU BLVD SUITE 206A MIAMI FL 33172 US | Mailing Address 175 FONTAINEBLEU BLVD SUITE 206A MIAMI FL 33172 US |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 13780 S.W. 56th ST #100 Suite, Apt. #, etc. 100 22 City & State 23 Miami, FL 33175 24 Zip 33175 25 Country USA | | 2a. Mailing Address 26 13780 S.W. 56th ST #100 Suite, Apt. #, etc. 100 27 City & State 28 Miami, FL 33175 29 Zip 33175 30 Country USA | | 3. Date Incorporated or Qualified 06/27/1994 | |
| | | 4. FEI Number 65-0504383 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|--|--|---|--|--|--|
| 8. 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 BLANCA R. FERNANDEZ 82 Street Address (P.O. Box Number is Not Acceptable) 13780 S.W. 56th ST SUITE 100 83 84 City MIAMI 85 Zip Code FL 33175 | | | |
|---|--|--|--|---|--|--|--|

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  BLANCA R. FERNANDEZ 1/5/98
(NOTE: Registered Agent signature required when reinstating)

| | | | | | | | |
|----------------------------|---------------------|--|--------------------|---|---------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | P | <input type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | FERNANDEZ, BLANCA R | | 1.2 NAME | BLANCA R. FERNANDEZ | | | |
| STREET ADDRESS | 5211 SW 154 CT | | 1.3 STREET ADDRESS | 13780 S.W. 56th ST # 100 | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | MIAMI, FL 33175 | | | |
| TITLE | VPS | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VICE-PRESIDENT | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | PASARIN, YADIRA C | | 2.2 NAME | MARIA SOTOLONGO | | | |
| STREET ADDRESS | 11250 SW 40 TERRACE | | 2.3 STREET ADDRESS | 6104 S.W. 146th CT | | | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | MIAMI, FL 33183 | | | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | FERNANDEZ, MAUREN | | 3.2 NAME | | | | |
| STREET ADDRESS | 5211 SW 154 CT | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 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 | | <input type="checkbox"/> DELETE | 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 | | <input type="checkbox"/> DELETE | 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 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:



1/5/98 305-388-5050

CR2E034 (10/97)