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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 📑

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000067859 (6)

ALL BUSINESS NETWORK, INC.

Principal Place of Business 3162 VILLAGE GREEN DR. MIAM! FL 33175

SIGNATURE:

Mailing Address

3162 VILLAGE GREEN DR. MIAMI FL 33175-2350 FILED May 28 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a, Date of Last Report

Suite, Apt #, etc    Suite, Apt #, etc.   Suite, Apt. #, etc.	10/02/1996
Suite, Apt #, etc.    Suite, Apt #, etc.	Applied For
City & State  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	Not Applicate
City & State  Country  Zip  Country  B. This corporation has Indicated Agent  In Name  9. Name and Address of Current Registered Agent  MERILLE, EDUARDO 3162 VILLAGE GREEN DR.  MAMIFEL 33175  B3  B4  City  Street Address (P.O. Box Number is Note of City  B3  B4  City  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fibrida Statutes, the above-named corporation submits this statement of the provisions of Section 607 0502. Fibrida Statutes, the above-named corporation's board of directors. The agent Land lamiliar with, and accept the obligations of, Section 607 0505, Fibrida Statutes.  SIGNATURE  12. CITY  13. ADDITIONS/CHANGES  14. TITLE  MERILLE, EDUARDO  3162 VILLAGE GREEN DR.  MERILLE, EDUARDO  317. ADDITIONS/CHANGES  CITY-SI-ZIP  MERILLE, EDUARDO  3182 VILLAGE GREEN DR.  MIAMIFEL 33175  DELETE  11 TITLE  12 MAME  22 MAME  23 STREET ADDRESS  CITY-SI-ZIP  DELETE  31 TITLE  32 MAMF  33 STREET ADDRESS  CITY-SI-ZIP  DELETE  31 TITLE  42 TITLE  44 TITLE  42 NAME  42 SNAME  43 STREET ADDRESS  CITY-SI-ZIP  DELETE  41 TITLE  44 TITLE  45 TITLE  44 TITLE  45 TITLE  54 TITLE  54 TITLE  54 TITLE  54 TITLE  54 TITLE  54 TITLE  55 TI	Desired \$8.75 Additional
28   Trust Fund Contribute   27   27   Country   27   27   Country   28   Trust Fund Contribute   29   30   Fibrida Statutes   29   30   Fibrida Statutes   20   10   Name and Address   20   Name a	Fee Required
Country   Country   Zip   Country   B. This corporation has   Florida Statutes   Florid	
Position Statutes    State   Provided Statutes   Provided Statutes	
MERILLE, EDUARDO 3162 VILLAGE GREEN DR. MAMI FL 33175  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fibrida Statutes, the above-named corporation submits his statement of five or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. The affect of the provisions of Sections 607 0502 and 607 1508, Fibrida Statutes, the above-named corporation submits his statement of five or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. The affect of the provision of Section 607 0505, Florida Statutes.  SIGNATURE  Signate excepted or present name dragsteed agent add site of applicable. (NOTE Repaties Agent agenture required when remaining)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES  THE MERILLE, EDUARDO  12. LY MAME  SIREEL ADDRESS  3162 VILLAGE GREEN DR.  13. SIREET ADDRESS  42. STREET ADDRESS  44. City. St. 72P  THE DELETE  11 TITLE  42. MAME  13. STREET ADDRESS  44. City. St. 72P  THE DELETE  47. THE  47. ST. 72P  THE DELETE  47. THE  47. ST. 72P  THE  THE  THE  THE  THE  THE  THE  TH	liability for intangible tax under s. 199.032,
MERILLE, EDUARDO 3182 VILLAGE GREEN DR.  MANIFL 33175  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fibrida Statutes, the above-named corporation submits this stateme office or registered agent, or both, in the State of Frontia Such change was authorized by the corporation's board of directors. The agent rame of registered agent, or both, and accept the obligations of Section 607.0505, Fibrida Statutes, the above-named corporation submits this stateme office or registered agent, or both, in the State of Frontia Such change was authorized by the corporation's board of directors. The agent rame of registered agent agent and the if applicable.  SIGNATURE  Dipute the specified or protect rame of registered agent agent and the if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES  11. TITLE  MERILLE, EDUARDO  11. STATE  MERILLE, EDUARDO  11. STATE  MERILLE, EDUARDO  12. NAME  13. STREET ADDRESS  MIAMI FL 33175  14. OITY-SI-ZIP  DELETE  21. TITLE  22. NAME  23. STREET ADDRESS  CITY-SI-ZIP  DELETE  31. TITLE  14. TITLE  15. ADDITIONS/CHANGES  14. OITY-SI-ZIP  DELETE  31. TITLE  42. NAME  32. NAME  33. STREET ADDRESS  CITY-SI-ZIP  DELETE  41. TITLE  42. NAME  33. STREET ADDRESS  CITY-SI-ZIP  DELETE  41. TITLE  42. NAME  34. STREET ADDRESS  CITY-SI-ZIP  DELETE  43. STREET ADDRESS  CITY-SI-ZIP  DELETE  44. CITY  ADDITIONS/CHANGES  ADDITIONS/CHANGES  44. CITY  STREET ADDRESS  STREET ADDRESS  CITY-SI-ZIP  DELETE  43. STREET ADDRESS  CITY-SI-ZIP  DELETE  44. CITY  STREET ADDRESS  STREET ADDRESS  CITY-SI-ZIP  DELETE  51. TITLE  TITL	
3162 VILLAGE GREEN DR.  MIAMI FL 33175  82 Street Address (P.O. Box Number is No. 63  84 City  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fibrida Statutes, the above-named corporation submits this statement office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. The agent arms and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement of registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement of the state of Florida Such change was authorized by the corporation's board of directors. The agent agent arms are submits this statement of the state of Florida Statutes, the above-named corporation submits this statement of the statement	or trod Flegistote Agent
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Description   State	FL 85 Zip Gode
office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. The agent Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Stignative Registered agent annual military with, and accept the obligations of, Section 607.0505, Florida Statutes.    Stignative Registered agent agent annual military with, and accept the obligations of, Section 607.0505, Florida Statutes.   Stignative Registered Agent agential with a applicable   (NOTE Registered Agent agentius required when reinstaling)     12.	ent for the purpose of changing its registers
SIGNATURE    Signative appeal or present name of registered agent and title displacable.   CNOTE Registered Agent signature required when reinstalling)   12.	areby accept the appointment as registered
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES	
DELETE	DATE
MERILLE, EDUARDO   1.2 NAME   1.3 STREET ADDRESS   3162 VILLAGE GREEN DR.   1.3 STREET ADDRESS   1.4 CRY-ST-ZIP   1.4 CRY-ST-ZIP   1.4 CRY-ST-ZIP   1.5 CRY-S	S TO OFFICERS AND DIRECTORS IN 12
3   3   3   3   3   3   3   3   3   3	Change Addition
CATY - ST - ZIF	
DELETE   DELETE   21 TITLE     AMME   2.2 NAME     STREET ADDRESS   2.3 STREET ADDRESS     CITY - ST - ZIP     DELETE   3.1 TITLE     NAME   3.2 NAME     STREET ADDRESS     STREET AD	
ADME	
2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	Change Addition
C-IY-SI-ZIP	
DELETE   3.1 TITLE   3.2 NAME   3.2 NAME   3.2 NAME   3.2 NAME   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   1/21 E	
NAME	
3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   TITLE	Change Addition
Olivisticip	
DELETE	
NAVE         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           C TY-ST-ZIP         4.4 CITY-ST-ZIP           TREE         5.1 TITLE	
	☐ Change ☐ Addition
C TY - ST - ZIP 4.4 CITY - ST - ZIP THLE	
THLE L. DELETE 5.1 TITLE	
NAVE 5.2 NAME	Change Addition
STREET ADDRESS 5.3 STREET ADDRESS	
C11Y-ST-7IP 5.4 CITY-ST-ZIP	
TILE 6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
City-St-70' 6.4 City-St-7IP	
14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florinformation indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the larm an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 60.	ida Statutes. I further certify that the

NG OFFICER OR DIRECTOR