

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

FILED
Jun 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandys R. McMath
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000067859**
 1. Corporation Name: **ALL Business Network Inc**

Principal Place of Business: **3162 Village Green Dr. Miami FL 33175**
 Mailing Address: **115ama'**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FLI Number	Applied For
21	26	650516924	Not Applicable
Suite, Apt. # etc	Suite, Apt. # etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	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
23	28		
Zip	Zip		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent
EDUARDO Merille
3162 VILLAGE Green Dr
Miami FL 33175

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 607.0500 and 607.1500, 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 _____ DATE _____
Signature Required for this Statement. Signature of Registered Agent is required when applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1. TITLE	Change Addition
PD EDUARDO Merille 3162 VILLAGE Green Dr Miami FL 33175	<input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	7.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	8.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	9.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	10.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	11.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	12.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	13.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	14.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	15.1 TITLE	<input type="checkbox"/>

Handwritten signature/initials

300002074377
 -06/25/98-00001-01
 ***150.00

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 included on this annual report was applied to, and 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 registered agent or authorized person to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or on an annual filing with an address.

SIGNATURE:  DATE: **5-31-98**

CR2E034 (10/97)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 22, 1998

ALL BUSINESS NETWORK, INC.
3162 VILLAGE GREEN DR.
MIAMI, FL 33175

SUBJECT: ALL BUSINESS NETWORK, INC.
Ref. Number: P94000067859

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32317 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORT SECTION

Letter number: 298A00029013

/gw