

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

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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000069715 (8)**

1. Corporation Name

**ALBAC CORP.**

Principal Place of Business

Mailing Address

**% BEDZOW KORN & KAN. P.A.  
P.O. BOX 8020  
HALLANDALE FL 33008**

**% BEDZOW KORN & KAN. P.A.  
P.O. BOX 8020  
HALLANDALE FL 33008-8020**



2. Principal Place of Business	2a. Mailing Address
21 <b>285 N.W. 199th Street</b>	26 <b>285 N.W. 199th Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Ste. 210</b>	27 <b>Ste. 210</b>
City & State	City & State
23 <b>Miami, Florida</b>	28 <b>Miami, Florida</b>
Zip	Zip
24 <b>33169</b>	29 <b>33169</b>
Country	Country
25 <b>U.S.A.</b>	30 <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>09/21/1994</b>	3a. Date of Last Report <b>06/06/1996</b>
4. FEI Number <b>65-0533673</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHNEIDER, ALAN B  
20803 BISCAYNE BLVD.  
SUITE 200  
AVENTURA FL 33180**

81 Name <b>Robert J. Sossin</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>285 N.W. 199th Street, Ste. 210</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33169</b>

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: *Robert J. Sossin* **Robert J. Sossin** DATE: **3/26/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACKSTEIN, ALICE</b>	1.2 NAME	<b>BACKSTEIN, ALICE</b>
STREET ADDRESS	<b>98 OLD FORREST HILL ROAD</b>	1.3 STREET ADDRESS	<b>96 Old Forest Hill Road</b>
CITY-ST-ZIP	<b>TORONTO ON</b>	1.4 CITY-ST-ZIP	<b>Toronto, Ontario</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: **ALICE BACKSTEIN** *Alice Backstein* DATE: **March 12/96** 416-482-5416

CR2E034 (9/96)