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**Apr 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000083476 (9)

1. Corporation Name
AMERICAN BUILDING CARE, INC.



Principal Place of Business
**3520 N.W. 79TH ST.
SUITE B-239
MIAMI FL 33147
US**

Mailing Address
**P.O. BOX 133012
HIALEAH FL 33013
US**

3. Date incorporated or Qualified **11/16/1994** 3a. Date of Last Report **02/20/1996**

2. Principal Place of Business
21 **8229 NW 194 TER** 26 **8229 NW 194 TER**
Suite, Apt. #, etc.

4. FEI Number **65-0536959** Applied For
Not Applicable

22 **MIAMI, FLA.** 27 **MIAMI, FLA.**
City & State

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

23 **33015** 24 **DADE** 28 **33015** 29 **DADE**
Zip Country

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

9. Name and Address of Current Registered Agent
**DELGADO, ROLANDO
3520 NW 79TH ST B-239
MIAMI FL 33147**

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

10. Name and Address of New Registered Agent
B1 Name **Rolando Delgado**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 **8229 NW 194 TERRACE**
B4 City **MIAMI** FL B5 Zip Code **33015**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DELGADO, ROLANDO	
STREET ADDRESS	% 3520 NW 79TH ST B-239	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	DELGADO, DORA M	
STREET ADDRESS	% 3520 NW 79TH ST B-239	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELGADO ROLANDO	
1.3 STREET ADDRESS	8229 NW 194 TER	
1.4 CITY-ST-ZIP	MIAMI FLA 33015	
2.1 TITLE	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELGADO DORA M.	
2.3 STREET ADDRESS	8229 NW 194 TER	
2.4 CITY-ST-ZIP	MIAMI FLA 33015	
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, checked, or on an attachment with an address.

SIGNATURE: **ROLANDO DELGADO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/97 (829-4345)
Date Daytime Phone #

CR2E034 (9/96)