

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # **P94000088410 (3)**

1. Corporation Name
ABACUS LABS, INC.



Principal Place of Business

**7975 NW 154TH STREET
SUITE 430
MIAMI LAKES FL 33016
US**

Mailing Address

**7975 NW 154TH STREET
SUITE 430
MIAMI LAKES FL 33016
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **13200 SW 128 ST**
Suite, Apt. #, etc.

22 **B 4**
City & State

23 **MIAMI, FLORIDA**
Zip Country

24 **33186** 25 **USA**

2a. Mailing Address

26 **13200 SW 128 ST**
Suite, Apt. #, etc.

27 **B 4**
City & State

28 **MIAMI, FLORIDA**
Zip Country

29 **33186** 30 **USA**

3. Date Incorporated or Qualified

12/06/1994

4. FEI Number

65-0551512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BAYER, THEODORE R ESQ.
9400 SOUTH DADELAND BOULEVARD
SUITE 300
MIAMI FL 33156**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **RICCI, JAMES**
STREET ADDRESS **7975 N.W. 154TH STREET, SUITE 430**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

☐ DELETE

TITLE **VD**
NAME **REEVES, ANDREW**
STREET ADDRESS **13200 SW 128 ST B-4**
CITY-ST-ZIP **MIAMI, FLORIDA 33186**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD**
1.2 NAME **RICCI, JAMES**
1.3 STREET ADDRESS **13200 SW 128 ST B-4**
1.4 CITY-ST-ZIP **MIAMI, FLORIDA 33186**

☒ Change ☐ Addition

2.1 TITLE **VD**
2.2 NAME **REEVES, ANDREW**
2.3 STREET ADDRESS **13200 SW 128 ST B-4**
2.4 CITY-ST-ZIP **MIAMI, FLORIDA 33186**

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

JAMES RICCI PRESIDENT 7/13/98 305-556-0021

CR2E034 (5/98)