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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000001093 (0)**

1. Corporation Name

ABAR INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
54 SOUTHWEST 14 STREET **MIAMI FL 33130**	**54 SOUTHWEST 14 STREET** **MIAMI FL 33130**

3. Date Incorporated or Qualified: **01/05/1995**

3a. Date of Last Report: N/A

2. Principal Place of Business — 21 Street Address, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25

2a. Mailing Address — 26 Street Address, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: 650553963 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: ALFONSO QUEVEDO
82 Street Address (P.O. Box Number is Not Acceptable): 54. S.W. 14 ST
83
84 City: MIA FL 85 Zip Code: 33130

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: PRESIDENT ALFONSO QUEVEDO DATE: 1-30 96

(NOTE: Registered Agent's signature required when changing agent.)

12. OFFICERS AND DIRECTORS

TITLE: P
NAME: QUEVEDO, ALFONSO A
STREET ADDRESS: 54 SOUTHWEST 14 STREET
CITY-ST-ZIP: MIAMI FL 33130

☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP — ☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1-30-96 — Daytime Phone #: (305) 3720772

CR2E034 (12/95)