FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90317 004 ***150.00

ANNUAL REPORT

DOCUMENT # P95000001093

1. Entity Name
ABAR INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
54 SOUTHWEST 14 STREET MIAMI, FL 33130	27 OLD ENGLISH DR CHARLESTON, SC 29407

DO NOT WRITE IN THIS SPACE

04242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0553963
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAIZEL, ROBERT
9360 SUNSET DRIVE
SUITE 200
MIAMI, FL 33173

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUEVEDO, ALFONSO A
STREET ADDRESS	54 SOUTHWEST 14 STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	V.P.
NAME	Barbara Holly-Quevedo
STREET ADDRESS	27 old English Dr.
CITY-ST-ZIP	Charleston SC 29407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alfonso Quevedo 4-26-2004 305 666 4327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #