

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000004417 (8)**

1. Corporation Name

A & B SALES, INC.



Principal Place of Business

**1664 COLLINS AVE.
MIAMI BEACH FL 33139**

Mailing Address

**1664 COLLINS AVE.
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified
01/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0603529

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

24

Zip

25

Country

29

Zip

30

Country

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

10. Name and Address of New Registered Agent

**FELDMAN, DAVID
407 LINCOLN ROAD
PH NE
MIAMI BEACH FL 33139**

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 of person authorized to execute this statement

Signature of Agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DP
SCHWARTZBAUM, JOSE
1664 COLLINS AVE.
MIAMI BEACH FL 33139**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DVST
SCHWARTZBAUM, LYDIA
1664 COLLINS AVE.
MIAMI BEACH FL 33139**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or liquidator of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X. Jose Schwartzbaum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Daytime Phone #

CR2E034 (12/95)