

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000027971 (7)

1. Corporation Name

ABRAMS AND DAVIS, INC.



Principal Place of Business

Mailing Address

**1920 E. HALLANDALE BEACH BLVD.
SUITE 612
HALLANDALE FL 33009**

**1920 E. HALLANDALE BEACH BLVD.
SUITE 612
HALLANDALE FL 33009**

3. Date Incorporated or Qualified

04/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0570864

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**DOMINGUEZ, LUIS
14615 S.W. 84TH AVENUE
MIAMI FL 33158**

*1920 E Hallandale Beach
Suite 612 Blvd.
Hallandale FL 33009*

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DOMINGUEZ, LUIS	<i>1920 E Hallandale Beach Blvd. Suite 612 Hallandale FL 33009</i>
STREET ADDRESS	14615 S.W. 84TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33158	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DOMINGUEZ, VIRGINIA	<i>1920 E Hallandale Beach Blvd. Suite 612 Hallandale FL 33009</i>
STREET ADDRESS	14615 S.W. 84TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33158	
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Virginia Dominguez V
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 01/96 (305) 534-0089
Date Daytime Phone #

CR2E034 (12/95)