## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027971 (7)

ABRAMS AND DAVIS, INC. Principal Place of Business Mailing Address 1920 E. HALLANDALE BEACH BLVD 1920 E. HALLANDALE BEACH BLVD. SUITE 991 8// HALLANDALE FL 33009 SUITE 894 811 DO NOT WRITE IN THIS SPACE HALLANDALE FL 33009 3. Date Incorporated or Qualified 04/05/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 65-0570864 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DOMINGUEZ, LUIS 1920 E HALANDALE BEACH BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 907 811 83 HALLANDALE FL 33009 64 City Zip Code 85 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 tNOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition 1.1 TITUE TITLE DOMINGUEZ, LUIS NAME 12 NAME 1920 E HALLANDALE BEACH BLVD SUITE 904 811 STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DOMINGUEZ, VIRGINIA 22 NAME NAME 1920 E HALLANDALE BLVD SUITE 904 81/ 2.3 STREET ADDRESS STREET ADDRESS HALLNADALE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition 3.1 TITLE Change NAME 32 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ■ Addition 6.1 TITLE TITLE

14. Thereby 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 of 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 chapped, or on an attachment with an address

6.2 NAME

6 3 STREET ADDRESS

SIGNATURE: Virginia Domingi

NAME

STREET ADDRESS CITY-ST-ZIP

Feb 1st/98 (305)534.9090

CR2E034

FILED

Feb 10 1998 8:00am

Secretary of State