

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000028451 (9)

1. Corporation Name

ABRAHAM CORPORATION

Principal Place of Business

Mailing Address

750 N.W. 35TH AVENUE
MIAMI FL 33125

750 N.W. 35TH AVENUE
MIAMI FL 33125



2. Principal Place of Business

2a. Mailing Address

21 1840 W 49 STREET

26 SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 708

27

City & State

City & State

23 Hialeah FL

28

Zip

Zip

24 33012

Country

Country

25 USA

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/11/1995

4. FEI Number

Applied For

6505 72177

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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 how it applies

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33125

12 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33125

13 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33125

14 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33125

15 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33125

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Hialeah, FL 33012

21 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33125

22 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33125

23 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33125

24 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33125

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

ALFREDO AGUILA

6/14/96

305 822-0063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR