

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000035031 (0)**

1. Corporation Name

AB INFLATABLES OF NORTH AMERICA, INC.



Principal Place of Business

**9330 N.W. 13TH STREET, #16
MIAMI FL 33172**

Mailing Address

**9330 N.W. 13TH STREET, #16
MIAMI FL 33172**

2. Principal Place of Business

21 **5593 NW 72 Ave.**

22 Suite, Apt., #, etc.

23 City & State

Miami, Florida

24 Zip

33166

25 Country

Dade

2a. Mailing Address

26 **5593 NW 72 Ave**

27 Suite, Apt., #, etc.

28 City & State

Miami, Florida

29 Zip

33166

30 Country

Dade

3. Date Incorporated or Qualified

05/02/1995

3a. Date of Last Report

4. FEI Number

65-0579960

Applied For

Not Applicable

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

**SHELDON EVANS, P.A.
1865 BRICKELL AVENUE
BUILDING A, SUITE 209
MIAMI FL 33129**

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 607.0507 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 further willing to accept the obligations of Section 607.1508, Florida Statutes.

SIGNATURE

DATE

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	VD	<input type="checkbox"/> DELETE
2. NAME	HEYER, IVOR	
3. STREET ADDRESS	9330 NW 13TH STREET, #16	
4. CITY, ST, ZIP	MIAMI FL 33172	
1. TITLE	STD	<input type="checkbox"/> DELETE
2. NAME	HEYER, ALEXANDRA	
3. STREET ADDRESS	9330 NW 13TH STREET, #16	
4. CITY, ST, ZIP	MIAMI FL 33172	
1. TITLE	P	<input type="checkbox"/> DELETE
2. NAME	HEYER, ULRICH	
3. STREET ADDRESS	C/O 9330 NW 13TH STREET, #16	
4. CITY, ST, ZIP	MIAMI FL 33172	
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	5593 N.W. 72 Avenue
4. CITY, ST, ZIP	Miami, FL 33166
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	5593 N.W. 72 Avenue
4. CITY, ST, ZIP	Miami, FL 33166
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	5593 N.W. 72 Avenue
4. CITY, ST, ZIP	Miami, FL 33166
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

14. I hereby certify that the information supplied in this report 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. I am an officer or director of the corporation or the trustee 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 of this report or an attachment with an address.

SIGNATURE: *Alexandra Heyer* ALEXANDRA HEYER Secretary Treasurer Feb 7, 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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