

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000046121 (6)

1. Corporation Name

A.B.C.E.A. PROPERTIES, INC.



Principal Place of Business

Mailing Address

~~700 NW LeJeune Rd.~~
~~SUITE 400~~
~~MIAMI FL 33126~~

~~700 NW LeJeune Rd.~~
~~SUITE 400~~
~~MIAMI FL 33126~~

2. Principal Place of Business

21 **8450 SW 48 Street**

22 Suite, Apt. #, etc.

23 **Miami**

Florida

24 **33155**

25 **USA**

2a. Mailing Address

26 **782 NW LeJeune Road**

27 Suite, Apt. #, etc.

28 **Suite 548**

29 **Miami**

Florida

30 **33126**

USA

9. Name and Address of Current Registered Agent

MARQUEZ, JOSE M

~~700 NW LeJeune Rd.~~

~~SUITE 400~~

MIAMI FL 33126

3. Date Incorporated or Qualified

06/14/1995

3a. Date of Last Report

4. FEI Number

65-0592242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

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

JOSE M. MARQUEZ, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

782 NW LeJeune Road

83

Suite 548

84 City

Miami

FL

85

Zip Code 33126

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, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE **1/15/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **GUERRA, Armando J.**
STREET ADDRESS **8450 SW 48 Street**
CITY - ST - ZIP **Miami, Fl. 33155**

TITLE ☐ DELETE
NAME **D VP-S GUERRA, Alberto**
STREET ADDRESS **241 Cape Florida Drive**
CITY - ST - ZIP **Key Biscayne, Fl. 33149**

TITLE ☐ DELETE
NAME **AS GUERRA, Maria C.**
STREET ADDRESS **8450 SW 48 Street**
CITY - ST - ZIP **Miami, Fl. 33155**

TITLE ☐ DELETE
NAME **T GUERRA, Vivian**
STREET ADDRESS **241 Cape Florida Drive**
CITY - ST - ZIP **Key Biscayne, Fl. 33149**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO J. GUERRA

1/15/96 (305) 274-8826

Date

Daytime Phone #

CR2E034 (12/95)