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FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000046121 (6)

1. Corporation Name

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



Principal Place of Business

~~8450 SW 48TH ST~~  
~~MIAMI FL 33126~~  
US

Mailing Address

782 NW LEJUNE RD  
STE 548  
MIAMI FL 33126-5548  
US

2. Principal Place of Business

21 9475 Journey's End Rd.

Suite, Apt. #, etc.

22

City & State

23 Coral Gables, Fl.

Zip

24 33156

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

06/14/1995

3a. Date of Last Report

03/18/1996

4. FEI Number

65-0592242

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

MARQUEZ, JOSE M  
782 NW LEJUNE RD  
STE 548  
MIAMI FL 33126

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME GUERRA, ARMANDO J

STREET ADDRESS ~~8450 SE 48TH ST~~

CITY- ST- ZIP ~~MIAMI FL~~

TITLE DVPS ☐ DELETE

NAME GUERRA, ALBERTO

STREET ADDRESS 241 CAPE FLORIDA DR

CITY- ST- ZIP KEY BISCAVNE FL

TITLE AS ☐ DELETE

NAME GUERRA, MARIA C

STREET ADDRESS ~~8450 SE 48TH ST~~

CITY- ST- ZIP ~~MIAMI FL~~

TITLE T ☐ DELETE

NAME GUERRA, VIVIAN

STREET ADDRESS 241 CAPE FLORIDA DR

CITY- ST- ZIP KEY BISCAVNE FL

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

9475 Journey's End Road  
Coral Gables, Fl. 33156

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

9475 Journey's End Road  
Coral Gables, Fl. 33156

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 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 or the person 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

PRESIDENT, ARMANDO J. GUERRA 1/20/97

Date

Daytime Phone #

(305) 447-1160

CR2E034 (9/96)