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FILED
May 16 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 # **P95000060724 (8)**

1. Corporation Name
ABA PA INTL, INC.

Principal Place of Business
905 SOUTH BAYSHORE DR., STE. 1625
MIAMI FL 33128

Mailing Address
905 SOUTH BAYSHORE DR., STE. 1625
MIAMI FL 33131-2927

3. Date Incorporated or Qualified: **08/07/1995**
3a. Date of Last Report: **06/18/1996**

2. Principal Place of Business
21 930 WASHINGTON AVE
Suite, Apt. #, etc.
22 #206
City & State
23 Miami Beach FL
Zip 24 33139 Country 25 USA

2a. Mailing Address
26 PO BOX 190299
Suite, Apt. #, etc.
27
City & State
28 Miami Beach FL
Zip 29 33119 Country 30 USA

4. FEI Number: **65-0603747** 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**
TAMARA LORA
905 S. BAYSHORE DR.
#1625
MIAMI FL 33131

10. **Name and Address of New Registered Agent**
81 Name: TAMARA LORA
82 Street Address (P.O. Box Number is Not Acceptable): 930 Washington Ave
83 #206
84 City: Miami Beach FL 85 Zip Code: 33139

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 Tamara Lora (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE 4-30-97

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LORA, TAMARA	
STREET ADDRESS	905 S. BAYSHORE DR., #1625	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	LORA, TAMARA	
1.3 STREET ADDRESS	930 WASHINGTON AVE #206	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
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		

CR2E034 (9/96)

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 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 4-30-97 (305) 673-3011