FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000061520 (9)

1. Corporation Name

ABBA PROTECTION INC.

Principal Place of Business
1470 NW 107 AVE. SUITE O
MIAMI FL 33172

Mailing Address
1470 NW 107 AVE. SUITE O
MIAMI FL 33172

3. Date Incorporated or Qualified: 08/09/1995
3a. Date of Last Report: ----

2. Principal Place of Business
21 5845 SW. 99TERR.
Suite, Apt. #, etc.
22 MIAMI, FL. 33
City & State
23
24 Zip 33156 25 Country DADE

2a. Mailing Address
26 5845 S.W. 99TERR.
Suite, Apt. #, etc.
27 MIAMI, FL.
City & State
28
29 Zip 33156 30 Country DADE

4. FEI Number: 65-0601829 ☐ 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**

FERNANDEZ, RAFAEL
1470 NW 107 AVE, SUITE O
MIAMI FL 33172

10. **Name and Address of New Registered Agent**

81 Name: MICHAEL S. ARIAS
82 Street Address (P.O. Box Number is Not Acceptable): 5845 SW. 99 TERR.
83
84 City: MIAMI FL 85 Zip Code: 33156

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] (NOTE: Registered Agent signature required when reinstating) [signature] DATE 1-29-96

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	ARIAS, MICHAEL S	
STREET ADDRESS	5845 S.W. 99TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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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	900001777749	
3.4 CITY-ST-ZIP	-04/12/96--01010--012	
4.1 TITLE	***200.00	☐ 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		

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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] MICHAEL S. ARIAS PRES. 1-29-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #