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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000061520 (9)

ABBA PROTECTION INC.

Principal	Place of Business
5845 SW MIAMI FL	

Making Address

5845 SW 99 TERR MIAMI FL 33156-2075

FILED Jan 28 1997 8:00am Secretary of State



3. Date Incorporated or Qualified

08/09/1995

3a. Date of Last Report

04/11/1996

5845 SW 99 TERR MIAMI FL 33156 82 SI 83 11 11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Florida Statutes, the above-na office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. Lam familiar with land accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE	med corporation submits this statement for the purpose of changing its registered
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City & State 23 Zip Country Zip Country 25 9. Name and Address of Current Registered Agent ARIAS, MICHAEL S 5845 SW 99 TERR MIAMI FL 33156 81 N 82 SIGNATURE PS ARIAS, MICHAEL S SIGNATURE ARIAS, MICHAEL S SIGNATURE SIGNATURE SIGNATURE ARIAS, MICHAEL S SIRET ADDRESS CITY-ST-ZIP MIAMI FL 33158 CITY-ST-ZIP MILE ARIAS SIREET ADDRESS CITY-ST-ZIP MIL	Trust Fund Contribution 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 reet Address (P.O. Box Number is Not Acceptable) ty FL 85 Zip Code med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered nature required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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City-St-ZF 64 City-St-Zi	☐ Change ☐ Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemp information and cated on this annual report or supplemental annual report is true and accurate	Change Addition

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 or an attachment with an address.

SIGNATURE:

ATOME AND TYPED OR ARINTED NAME OF SIGNING OFFICER OR DIRECTOR

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