

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 # P95000066511 (3)

1. Corporation Name

ABBA ENTERPRISES, INC.



Principal Place of Business

8110 PASADENA BLVD
PEMBROKE PINES FL 33024

Mailing Address

8110 PASADENA BLVD
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified

08/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

ABDOOL, BIBI
8110 PASADENA BLVD
PEMBROKE PINES FL 33024

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 the if applicable

(If Other) Registered Agent signature required when not filing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
ABDOOL, BIBI
STREET ADDRESS 8110 PASADENA BLVD
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ Change ☐ Addition

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 NAME ☐ Change ☐ Addition

22 STREET ADDRESS ☐ Change ☐ Addition

23 CITY-ST-ZIP ☐ Change ☐ Addition

24 NAME ☐ Change ☐ Addition

25 STREET ADDRESS ☐ Change ☐ Addition

26 CITY-ST-ZIP ☐ Change ☐ Addition

27 NAME ☐ Change ☐ Addition

28 STREET ADDRESS ☐ Change ☐ Addition

29 CITY-ST-ZIP ☐ Change ☐ Addition

30 NAME ☐ Change ☐ Addition

31 STREET ADDRESS ☐ Change ☐ Addition

32 CITY-ST-ZIP ☐ Change ☐ Addition

33 NAME ☐ Change ☐ Addition

34 STREET ADDRESS ☐ Change ☐ Addition

35 CITY-ST-ZIP ☐ Change ☐ Addition

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

April 28, 1996

Date (Day, Month, Year)

(Day, Month, Year)

CR2E034 (12/95)