FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000093202 (6)

A. B. INTERNATIONAL, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				
183 \$ STA		183 S STATE RD 7				
MARGATE	FL 33068	MARGATE FL 33068		DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualified		
				12/06/1995		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Ar	pplied For
21 1/3	5- State Al7	26 117105W	94 ct	65-0692947	No	ot Applicable
Suite, Apt		Suite, Apt. #, etc.			\$8.75	Additional
22		27	_	5. Certificate of Status Desired	Fee Re	equired
City & State	gade FL	City of State 28 Who state	e fines	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Eip 1	Country	71p0000	Country	8. This corporation owes or has paid the	current year Int	tangible
24 7900		1 - 1	0 USA	Personal Property Tax due June 30.		No
	g. Name and Address of Current	Registered Agent	84 1	10. Name and Address of New Register	ed Agent	
	VAJNTRAUB, PHILLIPPE		81 Name			
	11710 S.W. 9TH CT		82 Street A	Address (P.O. Box Number is Not Acceptable)		
P	PEMBROKE PINES FL 33025				<u>-</u>	
			83			
			84 City		85 Zip (Code
				F		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named of	corporation submits this statement for the purpos	e of changing it	ts registered
agent. I	in tame ar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes	oration's board of directors. I hereby accept the	/ /	rogistorod
SIGNATURE	While pe WA	IN TRAUB		4	129/87	
	Signature, typed or pentry manie of registered agent.	and the it applicable (NOTE F	Registered Agent signature r		t 7	
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	U	☐ DELETE	11 TITLE		L Change	Addition
NAME	WAJNTRAUB, PHILIPPE		1.2 NAME			
STREET ADDRESS	11710 SW 9TH CT		1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33025		1.4 CITY-ST-ZIP			
TITLE		[] DELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		L Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		∐ Change	☐ Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		∟ Chan g e	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TIME		☐ DELETE	. 6.1 TITLE		∐ Change	Addition
NAME			. 6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	•		
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby o	certify that the information supplied with	this filing does not qualify for t	the exemption stated	d in Section 119.07(3)(i), Florida Statutes. I further	r certify that the	information
indicated officer or	on this annual report or supplemental a	annual report is true and accur- or or trustee empowered to ex-	ate and that my sion	d in Section 119.07(3)(i), Florida Statutes. I furthen ature shall have the same legal effect as if made required by Chapter 607, Florida Statutes; and the	under oath: tha	at I am an