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May 06 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 # P 96000015634 1. Corporation Name ABC AMERICAN BUSINESS CORPORATION			
Principal Place of Business MIAMI, FL.		Mailing Address 3905 SW. 137 AV. # 4 MIAMI, FL. 33175	
2. Principal Place of Business 21 MIAMI, FL. USA Suite, Apt. #, etc. 22 # 4 City & State 23 MIAMI, FL. Zip 24 33175	2a. Mailing Address 26 3905 sw 137 av #4 Suite, Apt. #, etc. 27 # 4 City & State 28 MIAMI, FL. Zip 29 33175	3. Date Incorporated or Qualified 2/20/96	3a. Date of Last Report 2/20/96
2. Principal Place of Business 21 MIAMI, FL. USA Suite, Apt. #, etc. 22 # 4 City & State 23 MIAMI, FL. Zip 24 33175		2a. Mailing Address 26 3905 sw 137 av #4 Suite, Apt. #, etc. 27 # 4 City & State 28 MIAMI, FL. Zip 29 33175	4. FEI Number 65-0653229
2. Principal Place of Business 21 MIAMI, FL. USA Suite, Apt. #, etc. 22 # 4 City & State 23 MIAMI, FL. Zip 24 33175		2a. Mailing Address 26 3905 sw 137 av #4 Suite, Apt. #, etc. 27 # 4 City & State 28 MIAMI, FL. Zip 29 33175	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
2. Principal Place of Business 21 MIAMI, FL. USA Suite, Apt. #, etc. 22 # 4 City & State 23 MIAMI, FL. Zip 24 33175		2a. Mailing Address 26 3905 sw 137 av #4 Suite, Apt. #, etc. 27 # 4 City & State 28 MIAMI, FL. Zip 29 33175	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
2. Principal Place of Business 21 MIAMI, FL. USA Suite, Apt. #, etc. 22 # 4 City & State 23 MIAMI, FL. Zip 24 33175		2a. Mailing Address 26 3905 sw 137 av #4 Suite, Apt. #, etc. 27 # 4 City & State 28 MIAMI, FL. Zip 29 33175	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent MADELIN BOLIVAR 15120 SW. 104 ST. # 503 MIAMI, FL. 33196		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 I accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: <i>Madelin Bolivar</i> MADELIN BOLIVAR 4/25/97 (NOTE: Registered Agent's signature required when reinstating)			
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I declare under penalty 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 declared 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 on an attachment with an address. SIGNATURE: <i>William E. Bolivar</i> WILLIAM E. BOLIVAR 4/25/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)