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

P96000021606 (4) DOCUMENT #
1. Corporation Name

A.B.L. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2720 W. 1 AVENUE

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2720 W. 1 AVENUE

FILED Feb 03 1998 8:00am Secretary of State



HIALEAH FL 33010 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable 65-0679945 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes ☐ No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AREVALO, AMILCAR 2720 W. 1 AVENUE Street Address (P.O. Box Number is Not Acceptable) **B2** HIALEAH FL 33010 83 City 84 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, typed or printed name of registered agent and tale if applicable (NOTE Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 1.1 TITLE AREVALO, AMILCAR NAME CR2E034 1.2 NAME 2720 W. 1 AVE. 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE AREVALO, BELKIS NAME 2.2 NAME 2720 W. 1 AVE. STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Addition TITLE 3.1 TITLE AREVALO, LUDAIMIS NAME 3.2 NAME 2720 W. 1 AVE. STREET ADDRESS 3.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - ST - Z)P DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 200002420192^{()ange} -02/03/98--01083--007 TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify 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 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.

22/98 305-884-8895