

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

FILED

May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000052942 (5)

1. Corporation Name  
KABABAYAN INVESTORS GROUP INC. LTD.

Principal Place of Business  
4716 N CORTEZ AVE S-40  
TAMPA FL 33614

Mailing Address  
4716 N CORTEZ AVE S-40  
TAMPA FL 33614-6578



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1996		3a. Date of Last Report	
21 7223 A. West Hillsborough Ave.		26 Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 Tampa, FL.		27 7223 A. West Hillsborough Ave.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 33634		28 Tampa FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 U.S.A.		29 33634		30 U.S.A.		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				10. Name and Address of New Registered Agent			
FELICIANO, MIGUEL A 4716 N CORTEZ AVE S-40 TAMPA FL 33614				81 Name Miguel Angel Feliciano			
				82 Street Address (P.O. Box Number is Not Acceptable) 7223 A West Hillsborough Ave			
				83 Tampa			
				84 City FL 85 Zip Code 33634			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOQUE, SALVADOR D	1.2 NAME	
STREET ADDRESS	2419 WISHING WELL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EALDAMA, CONSOLACION A	2.2 NAME	
STREET ADDRESS	5809 20TH AVE S	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619-5457	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T/D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELICIANO, GINA B	3.2 NAME	
STREET ADDRESS	4716 N CORTEZ AVE S-40	3.3 STREET ADDRESS	9203 Tudor Drive, S-N201
CITY-ST-ZIP	TAMPA FL 33614	3.4 CITY-ST-ZIP	Tampa, FL. 33615-3774
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Feliciano, Miguel
STREET ADDRESS		4.3 STREET ADDRESS	9203 Tudor Drive, S-N201
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL. 33615-3774
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Miguel A. Feliciano 4/30/97 (813) 249-6106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)