

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90002 007 ***550.00

DOCUMENT # **P96000057022**

Corporation Name

ABI CAPITAL HOLDINGS, INC.



Principal Place of Business
KINAM HOTEL
NW 27TH STREET, STE. 105
MIAMI FL 33122

Mailing Address
C/O KINAM HOTEL
8200 NW 27TH STREET, STE. 105
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0927825 APPLIED FOR	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LITTLE, JOHN
963 N.E. 153 ST.
NORTH MIAMI BEACH FL 33162

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ET ADDRESS	PD BUTEAU, RICHARD C/O KINAM HOTEL 8200 NW 27 ST., STE. 105 MIAMI FL 33122	1.1 TITLE	☐ Change ☐ Addition
ST-ZIP		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
ET ADDRESS	S LITTLE, JOHN 963 NE 153 ST. NORTH MIAMI BEACH FL 33162	2.1 TITLE	☐ Change ☐ Addition
ST-ZIP		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ET ADDRESS		3.1 TITLE	☐ Change ☐ Addition
ST-ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ET ADDRESS		4.1 TITLE	☐ Change ☐ Addition
ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ET ADDRESS		5.1 TITLE	☐ Change ☐ Addition
ST-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ET ADDRESS		6.1 TITLE	☐ Change ☐ Addition
ST-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE REQUIRED

9/3/99 (509)257-0462

CR2E034 (5/99)