

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000067146 (6)**

1. Corporation Name

A.B.E. INVESTMENTS GROUP, INC.

Principal Place of Business

**1015 DOLORES ROAD NORTHEAST
PALM BAY FL 32907**

Mailing Address

**1015 DOLORES ROAD NORTHEAST
PALM BAY FL 32907**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1996	
21 1015 Delores rd. N.E. Suite, Apt. #, etc.		26 1015 Delores rd. N.E. Suite, Apt. #, etc.		4. FEI Number 59-3399845	
22 Palm Bay Florida City & State		27 Palm Bay Florida City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 32907 Zip		28 32907 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 BREVARD Country		29 BREVARD Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BRYSON, JORGE 14732 SW 90 TERR. MIAMI FL 33196				81 Name Jorge Bryson	
				82 Street Address (P.O. Box Number is Not Acceptable) 1015 Dolores Rd. N.E.	
				83	
				84 City Palm Bay	
				85 Zip Code FL 32907	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/10/98
DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRES. CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYSON, JORGE L	1.2 NAME	Jorge Bryson
STREET ADDRESS	14732 SW 90 TERR.	1.3 STREET ADDRESS	1015 Dolores Rd. N.E.
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	Palm Bay Florida. 32907
TITLE	ST	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYSON, LORETTA S	2.2 NAME	Loretta S. Bryson
STREET ADDRESS	14732 SW 90 TERR.	2.3 STREET ADDRESS	1015 Dolores Rd. N.E.
CITY-ST-ZIP	MIAMI FL 33196	2.4 CITY-ST-ZIP	Palm Bay Florida 32907
TITLE	VP	3.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINEL, RICK	3.2 NAME	Rick Espinel
STREET ADDRESS	1015 DOLORES ROAD NORTHEAST	3.3 STREET ADDRESS	1015 Dolores Rd. N.E.
CITY-ST-ZIP	PALM BAY FL 32907	3.4 CITY-ST-ZIP	Palm Bay Florida 32907
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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

Jorge Bryson

3/10/98

1015 Dolores Rd

CR2E034 (10/97)