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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000068144

1. Corporation Name

## **FILED** Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90097 036 \*\*\*150.00

ABCO C	ABLING CO., INC.							
								<b>                                    </b>
	, ,							1011 NH 181
Principal Place	e of Business	Mailing Address			1 (40)(05) (14 (5)(4 6))(1 45)(1 5)	#411 WW111 W#110 W		. 2:51: 0101 (001
1484 NW 31ST	ST.	1484 NW 31ST ST.						
MIAMI FL 33142		MIAMI FL 33142		DO NOT WR	ITE IN THIS S	SPACE		
					Date Incorporated or Qualifed			
					08/15/1996			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	ПА	polied For
21		26			65-0687122			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22	· · · · · · · · · · · · · · · · · · ·	27			3. Certificate of Status Desired		Fee R	equired
City & State	e	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes the cur			RZA.
24	25	1771	30		Personal Property Tax.  10. Name and Address of New		∐ Yes ,	Mo
<del></del>	9. Name and Address of Current	Registered Agent	81 Na	ame	to. Name and Address of New	registered A	gent	
FFRI	NANDEZ, EDUARDO F							
	1 NW 31ST ST		82  Sti	reet Addres	ss (P.O. Box Number is Not Accept	able)		
	MI FL 33142		83					
			<u> </u>				<u> </u>	
		•	84 Cit	ty		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-nar	med corpor	ration submits this statement for the	purpose of o	hanging it:	s registered
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or logible in the State of	and 607.1508, Florida Statute	s, the above-nar	med corpor corporation	ration submits this statement for the i's board of directors. I hereby acce	purpose of o pt the appoin	thanging its tment as re	s registered egistered
	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligati	and 607.1508, Florida Statute Flyrida Such Change was all other, Section 697.938	s, the above-name of distributions	med corpor corporation	ration submits this statement for the i's board of directors. I hereby acce	purpose of optithe appoin	thanging its	s registered egistered
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both in the State of m familiar with, and accept the obligation of the obligati		s, the above-nar hote d by the tunder Registered Agent signs	<b>5</b>	when reinstating)	DATE	Z.	(\$\frac{1}{2}
	Signature, typed or printed name of registered against OFFICERS AND	and title if applicable. (NOTE: I	Registered Agent signs	<b>5</b>		DATE	DIRECTO	ORS IN 12
SIGNATURE	Signature, typod or printed name of registered against OFFICERS AND	and title if applicable. (NOTE: I	Registered Agent sign:	<b>5</b>	when reinstating)	DATE	Z.	(\$\frac{1}{2}
SIGNATURE	Signature, typed or printed name of registered agents OFFICERS AND DPST FERNANDEZ, EDUARDO F	and title if applicable. (NOTE: I	Registered Agent signs 13. 1.1 TITLE 1.2 NAME	ature required a	when reinstating)	DATE	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agents OFFICERS AND DPST FERNANDEZ, EDUARDO F 1484 NW 31ST ST.	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR	ature required a	when reinstating)	DATE	DIRECTO	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered against OFFICERS AND OFFICERS AND DPST. FERNANDEZ, EDUARDO F 1484 NW 31ST ST. MIAMI FL 33142	and title if applicable. (NOTE: FD DIRECTORS	Registered Agent sign.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP	ature required a	when reinstating)	DATE	DIRECTO Change	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered against OFFICERS AND OFFICERS AND DPST. FERNANDEZ, EDUARDO F 1484 NW 31ST ST. MIAMI FL 33142 VP	and title if applicable. (NOTE: I	Registerer Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE	ature required a	when reinstating)	DATE	DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered against OFFICERS AND OFFICERS AND DPST. FERNANDEZ, EDUARDO F 1484 NW 31ST ST. MIAMI FL 33142 VP FERNANDEZ, M A	and title if applicable. (NOTE: FD DIRECTORS	Registerer Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	RESS	when reinstating)	DATE	DIRECTO Change	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agarth OFFICERS AND DPST. FERNANDEZ, EDUARDO F 1484 NW 31ST ST. MIAMI FL 33142 VP FERNANDEZ, M A 1484 NW 31 ST	and title if applicable. (NOTE: FD DIRECTORS	Registerer Agent sign.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDR	ature required s	when reinstating)	DATE	DIRECTO Change	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered against OFFICERS AND OFFICERS AND DPST. FERNANDEZ, EDUARDO F 1484 NW 31ST ST. MIAMI FL 33142 VP FERNANDEZ, M A	and title if applicable. (NOTE: FD DIRECTORS	Registerer Agent sign.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  2.1 TITLE  2.2 NAME  2.3 STREET ADDR  2.4 CITY-ST-ZIP	ature required s	when reinstating)	DATE	DIRECTO Change	DRS IN 12
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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 with all other like empowered.