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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of Stalle
DIVISION OF CORPORATIONS

DOCUMENT # P96000079003 (5)

ABC GLOBAL CENTER, INC.

2655 S. BAYSHORE DRIVE #515 MIAMI FL 33133		2655 S. BAYSHORE DRIVE #515 MIAMI FL 33133-5418					
				 Date Incorporated or Qualified 09/17/1996 	Sa. Date of Last R	eport	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Ar	oplied For	
21		26		65-0697963	No.	ot Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.	} 1 ' ' '			\$8.75 Additional Fee Required	
City & Stal	le	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees	
Ζιρ 24	Country 25		Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s XYes No	. 199.032,	
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent		
265 #51	• •		81 Name 82 Street	Address (P.O. Box Number is Not Acceptal	DIe)		
MIA	MI FL 33133		B4 City		es 7in	Code	
		·	D4 City		FL 85 Zip	Code	
SIGNATURE	Stgnature, typod or printed name of registered	agent and tale if applicable (NOTE	Registered Agent signatur	poration's board of directors. I hereby acce	DATE		
12.	.,	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE			
THTLE	PD	☐ DELETE	1.1 TIFLE		Change	Addition	
NAME	ROJAS, GRISELDY E		1.2 NAME	\			
STREET ADDRESS	2655 S. BAYSHORE DR. #5	15	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133		14 CITY - ST-ZIP				
TITLE	Ļ	☐ DELETE	2.1 THUE	ļ	Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS	\		2.3 STREET ADDRESS	1			
CHY-S1-ZIP			2.4 CITY-ST-ZIP			1 1 1 1 2 2	
TITLE		DELETE	3.1 TITLE	}	Change	Addition	
NAMÉ			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS	j			
CITY-ST-ZIP	<u></u>	DELETE	34. Crty - ST - ZIP		Change	Addition	
HILF		☐ here is	4.1 TITLE		☐ cuada	ויטווויטטא ניים	
NAME DISSET IDDDEED			4. 2 NAME	1			
STREET ADDRESS			4.3 SYREET ADDRESS	u			
CITY-ST-ZIP	<u> </u>	DELETE	4.4 CITY - ST - ZIP 5.1 Title	<u> </u>	Change	Addition	
TITLE NAME		- Decerte	5.2 NAME		C Autur	**************************************	
STREET ADDRESS			5.2 NAMI: 5.3 STREET ADDRESS				
			54 CITY-ST-ZIP	1			
CHY-SI-ZIP TITLE		DELETE	61 TITLE		☐ Change	Addition	
NAME			6.2 NAME				
STREET ADORESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 City-\$1-ZIP				
	by certify that the information supp	lied with this filing does not qualif		stated in Section 119,07(3)(i), Florida Statute	as. I further certify that	the	
informati Lam an d	ion indicated on this annual report o	or supplemental annual report is tr or the receiver or trustee empowe	ue and accurate an ered to execute this	d that my signature shall have the same leg report as required by Chapter 607, Florida	al effect as it made un	ider cath: tha	