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

PROFIT CORPORATION ANNUAL REPORT

1998

ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000099918 (0)

FILED May 22 1998 8:00am Secretary of State

	ABA'S OF MIAMI, INC.	Mailing Address		· • · • •	1 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881			
1321-B NE 163RD STREET MALL 1321-B NE 163RD STREET MA								
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 3				162 DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified	E II T III O OI AOL		
					12/09/1996			
2. Principal P	2a. Mailing Address		T-V-T	4. FEI Number		Applied For		
21		26	26			ļ	Not Applicable	
Suite, Apt. #, etc.		Suito, Apt. #, etc.		65-07 10366 5. Certificate of Status Desired	7	75 Additional e Required		
I City & Stat	6	City & State			6. Election Campaign Financing		00 May Be	
23	28			Trust Fund Contribution		ded to Fees		
	Country Zip Co			у	8. This corporation owes or has pa	·····		
24	25 29 30				Personal Property Tax due June 30. 🔲 Yes 👿 No			
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Re	gistered Agent		
KA	ramchandani, ashok		81	Name				
7740 SOUTH SIDE BLVD				Street Addr	ess (P.O. Box Number is Not Accepte	bie)		
#607			L					
JACK S ONVILLE FL 32256			83	3	 -]	
			84	City		85	Zip Code	
				*			•	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Flori da Stat ute of Florida, Such cha nce wa s al	s, the abov	ve-named corp	oration submits this statement for the join's board of directors. I hereby acce	ourpose of changir	ng Its registered	
agent. La	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statute	98.	ion's board of directors. Thereby acce	br me abbointment	t as registered	
SIGNATURE								
12.	Signature, typed or printed name of registered age			gent eignature requir	ed when reinstating)	DATE	1	
TITLE	OFFICERS AND	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFIC		:	
	MADAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM		1.1 TITLE			L Chan	nge L. Addition	
NAME KARAMCHANDANI, ASHOK STREET ADDRESS 1321-B NE 163RD STREET M		1 2 NAME						
*****************							ļ	
CITY-ST-ZIP TITLE	MONTH MIAMI BEACH PL 33	DELETE	1.4 C/TY-	ST-ZIP		Пос		
			2.1 TITLE			L. Chan	ige [_] Addition	
NAME STREET ADDRESS			2.2 NAME	1				
			2.3 STREET ADDRESS					
CMY-ST-ZIP		DELETE	2.4 CITY+ST-ZIP 3.1 TITLE			Chan	no Addition	
NAME		L. DECETE	3.1 THEE			L Chan	ige 🔲 Addition	
STREET ADDRESS			Б	T ADDRESS	•		1	
CITY-ST-ZIP								
TITLE	☐ DELETE		3.4. CITY-ST-ZIP 4.1 TITLE			☐ Chan	ge Addition	
NAME			4. 2 NAME				go Lau Noumon	
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP				1	
TITLE		DELETE	5.1 TITLE			Chan	ge Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS				ł	
CITY+ST-ZIP			5.4 CITY- S	1				
TITLE	······································		6.1 TITLE			Chan	ge Addition	
NAME			6.2 NAME			'	-	
STREET ADDRESS			6.3 STREET	T ADDRESS				
CITY-ST-ZIP	1		64 CITY-5	ST - ZIP				
	ertify that the information supplied wi	h this filing does not qualify for	the exemp	tion stated in S	Section 119.07(3)(i), Florida Statutes. I	further certify that	the information	

indicated on this annual report or burniemedial 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 changes to on an attachment with an address.