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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022784 (7)

ASSOCIATION BUSINESS SOLUTIONS, INC.

FILED Jul 16 1998 8:00am Secretary of State

,,,,,,		11010, 1110				
Principal Place of Business		Mailing Address			F CONTINUED FILD CONTINUED FOR THE CONTINUE OF	ł
3977 SW 143 PLACE		3977 SW 143 PLACE	3977 SW 143 PLACE			
MIAMI FL 33175		MIAMI FL 33175			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
l					03/12/1997	l
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number Applied Fo	r
21		26			65-0778056 Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additiona	d d
City & State		City & State			Fee Required	-
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	- [
Zip	Country	Zip	Coun	try	This corporation owes or has paid the current year Intangible	\dashv
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent	
SH	(RLD, INC.		3	Name	9	
201 ALHAMBRA CIRCLE				2 Street	t Address (P.O. Box Number is Not Acceptable)	-
SUITE 1102						
CORAL GABLES FL 33134			١	13		Ì
	*		8	4 City	FL 85 Zip Code	ヿ
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508. Florida Statu	ites, the abo	ve-named		red
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 nance of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.5 TITL	E	☐ Change ☐ Add	ition
NAME	AZEL, DANIEL		1.2 NAM	IE .		1
STREET ADDRESS	\$977 SW 143 PLACE		1.3 STRI	ET ADDRESS	·	
CITY-ST-ZIP	MIAMI FL 33175			-ST-ZIP		-
TITLE	D	L_] DELETE	21 THL	1	Li Change Li Addi	ition
NAME	MENDIOLA, CARLOS		2.2 NAN			
STREET ADDRESS	\$9 77 SW 143 PLACE			ET ADDRÉSS	* · · · · · · · · · · · · · · · · · · ·	- 1
CITY-ST-ZIP	MIAMI FL 33175	DELETE	2. 4 CIT	(-ST-2IP	☐ Change ☐ Add	ition
NAME	GONZALEZ-PORTUINDO , F	- :	3.1 HYL		- Change - Not	
STREET ADDRESS	3977 SW 143 PLACE	HARVINE	- 1	ET ADDRESS		1
CITY-ST-ZIP	MIAMI FL 33175			-S1-ZIP		
TITLE	D	DELETE	4.1 TiTL		Change Add	ition
NAME	CANEJO, ARMANDO		4. 2 NAM	AE	CAMEJO, ARMANDO \$7/	
STREET ADDRESS	3977 SW 143 PLACE		4.3 STR	ET ADDRESS	CAPICSO / MINISTER	1/2
CITY-ST-ZIP	MIAMI FL 33175			-ST-ZIP	10.71	6
TITLE	Ō	DELETE	5.1 TITE		☐ Change ☐ Add	ition
NAME	RODRIGUEZ, CARLOS		5.2 NAM	E	1	
STREET ADDRESS	3977 SW 143 PLACE		5.3 STRE	ET ADDRESS	1	ŀ
CITY-ST-ZIP	MIAMI FL 33175		5.4 CITY	-ST-ZIP		
TITLE		DELETE	61 T/TL	F	☐ Change ☐ Add	ition
NAME			6.2 NAM	ie	300002544253 -06/02/9801031034	
STREET ADDRESS			6.3 STR	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	- S1 - ZIP	***300.00	

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 of 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 allectment with an address.

CICMATURE.

4/27/58

E034 (10/97)