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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000030064 (4)

SABHYES, INC.

FILED Apr 30 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address		i ideildei ila lahi isali esili astit datit baisi saidt i	din abit batih bidi dist iasi
		10350 N.W. 14TH PLAC CORAL SPRINGS FL 3	DO NOT WRITE IN THIS SPACE		SPACE
				3. Date Incorporated or Qualified 04/02/1997	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		650739700	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Žφ	Country	8. This corporation owes or has paid the cur	
24	25 Name and Address of Curren	t Registered Agent	[30]	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
3	ilings inc. 732 n.w. 16th Street T Lauderdale FL 33311		82 Street Add 83 Surface Street Add 84 City	Gress (P.O. Box Number is Not Acceptable) O W, O B K L B NO O R B L B NO O R B L B NO F B O T	85 Zip Code 33051
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 pound of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statuter.					
SIGNATURE Will Com France of redistrict layers and title diagnostatic (NOTE Registered Agent signature required when relistating) DATE					
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	SABINO, ALMA		1.2 NAME		
STREET ADDRESS	10350 N.W. 14TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIF	CORAL SPRINGS FL 33071	Dourt	1.4 CITY-ST-ZIP		C Observe C Addition
TITLE	D CARMO NOCIALA	☐ DELETE	2.1 TITLE		Change Addition
NAME	SABINO, WILLIAM 10350 N.W. 14TH PLACE		2.2 NAME		
STREET ADDRESS	CORAL SPRINGS FL 33071		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	COMPL SPRINGS PL 33071	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME		L bearie	1 1		Li change Li Accessi
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4. City-St-ZiP 4 1 Title		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP			6 4 CITY+ST-ZIP		
de Ibarahii a	makifu dhan dha lafaamat oo ay walaad	10 10 1 61 11 11 11 11 11 11		- Continue (10 07/07/i) Florido Statutas I fuebas as	AND ALLERS OF THE STATE OF THE

indicated on this annual report or supplied with this ming uces not quality for the exemption stated in Section 119.07(3)(0). Florida Statutes. I further certify that the information indicated on this annual report for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as reported 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.