

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90272 042 \*\*\*150.00

DOCUMENT # P97000040017

1. Corporation Name

M.L. PABON ENTERPRISES, INC.

Principal Place of Business

451 NORTHWEST 201 AVENUE  
PEMBROKE PINES FL 33029

Mailing Address

451 NORTHWEST 201 AVENUE  
PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1997

4. FEI Number

65-0750143

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COMPLETE TAX SYSTEMS INC  
18800 NW 2ND AVENUE  
SUITE 216  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name BEVERLY ABNER  
82 Street Address (P.O. Box Number is Not Acceptable)  
734 NW 141 ST  
83  
84 City Miami FL 85 Zip Code 33168

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

*Beverly Abner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PSTD  
NAME PABON, MARSHA L  
STREET ADDRESS 451 NORTHWEST 201 AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME PABON, MARSHA L.  
1.3 STREET ADDRESS 451 NORTHWEST 201 AVENUE  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029

2.1 TITLE PRES ☒ Change ☒ Addition  
2.2 NAME IRIS L. PHILLIPS  
2.3 STREET ADDRESS 1795 NW 41ST ST.  
2.4 CITY-ST-ZIP MIAMI, FL 33142

3.1 TITLE ST ☐ Change ☒ Addition  
3.2 NAME LEROY A PHILLIPS  
3.3 STREET ADDRESS 1795 NW 41ST ST.  
3.4 CITY-ST-ZIP MIAMI FL 33142

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Marsha L. Pabon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 305984-8434  
Date Daytime Phone #

CR2E034 (11/98)