

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051211 (5)

1. Corporation Name

AMERICAN BINDING CO.

Principal Place of Business

4201 COLLINS AVE., APT. 2503
MIAMI BEACH FL 33140

Mailing Address

4201 COLLINS AVE., APT. 2503
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1997

4. FEI Number

65-0764 110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

21 2555 COLLINS AVE

Suite, Apt. #, etc.

22 STE. C-6

City & State

23 MIAMI BEACH, FL

Zip

24 33140

Country

25 DADE

2a. Mailing Address

26 2555 COLLINS AVE

Suite, Apt. #, etc.

27 STE. C-6

City & State

28 MIAMI BEACH, FL

Zip

29 33140

Country

30 DADE

9. Name and Address of Current Registered Agent

JOSEPH, ALLAN A
1428 BRICKELL AVE., PENTHOUSE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

STEVEN C. CRONIG

82 Street Address (P.O. Box Number is Not Acceptable)

C/O BAILEY & JONES

83

300 COURVOISIER CT - 501 BRICKELL KEY DR.

84

City MIAMI

FL

85 Zip Code 33131

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]

(NOTE: Registered Agent signature required when reinstating)

4-26-98
DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SCODRO, NESTORE
STREET ADDRESS 4201 COLLINS AVE., APT. 2503
CITY-ST-ZIP MIAMI BEACH FL 33140

☐ DELETE

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TITLE
NAME
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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DIRECTOR/PRESIDENT

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D.V.S
VIVIAN LINDE MANN SASSI
4201 COLLINS AVE #2303
MIAMI BEACH FL 33140

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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.

SIGNATURE *[Signature]* 4/27/98 (305) 672-7111

CR2E034 (10/97)