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FILED
Apr 20 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 # P97000075735

1. Corporation Name
ABC BENEFIT SERVICES, INC.

Principal Place of Business
1299 S.W. 22ND ST.
MIAMI, FL 33145

Mailing Address
1299 S.W. 22ND ST.
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/02/97

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
65-0819011
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25

Zip 29 Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARIELENA ZARUT
17961 S.W. 33RD ST.
MIRAMAR, FL 33029

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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: _____ DATE
Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARIELENA ZARUT		1.2 NAME		
STREET ADDRESS	17961 S.W. 33RD ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33029		1.4 CITY-ST-ZIP		
TITLE	I D + VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RICARDO ALVAREZ		2.2 NAME		
STREET ADDRESS	1555 W. 44TH PL. #220		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		2.4 CITY-ST-ZIP		
TITLE	S D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AMARILYS GONZALEZ		3.2 NAME		
STREET ADDRESS	5830 W. 18TH LN. #102		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	900002493805	☐ Change ☐ Addition
NAME			6.2 NAME	-04/20/98--01001--029	
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

JS 4.20

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: Marielena Zarut MARIELENA ZARUT 04/01/98 (305) 854-4631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)