

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000056910**

1. Corporation Name
ABS-CAPITAL, INC.

FILED

99 SEP 27 PH 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**175478 SW 36TH STREET
MIRAMAR FL 33027**

Mailing Address
**175478 SW 36TH STREET
MIRAMAR FL 33027**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 20911 John St	26 20911 John St	06/24/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 St 123	27 St 123	65-0P67662
City & State	City & State	Applied For
23 Pensacola Pines, FL	28 Pensacola Pines, FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24 33029	29 33029	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
25	30	\$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**HART, DAVID J
100 N BISCAYNE BLVD, STE 2000
MIAMI FL 33132**

10. Name and Address of New Registered Agent
81 Name **SONIA M. BORTOLINO**
82 Street Address (P.O. Box Number is Not Acceptable)
3005 HATUUS RD
83
84 City **SUNRISE** FL 85 Zip Code **33551**

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 **SONIA M. BORTOLINO**

DATE **9-10-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

July 30, 1999

Florida Department of State
Division of Corporations
Tallahassee, FL

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Dear Sirs:

Please take note that my agent did not forward this reports to me until really late in July.
Please find the checks for the amount due and accept my apologies for sending it late.
Also please note that the correct address in my forms should be:

20911 Johnson St, Suite 123
Pembroke Pines, FL 33029

Thank you for your understanding,

Sincerely,


Alberto Bellerin