


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

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FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90071 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000071337**

1. Corporation Name  
**AMERICAN BUSINESS CREATIONS, INC.**

Principal Place of Business <b>11900 BISCAYNE BLVD SUITE 509A MIAMI FL 33181</b>	Mailing Address <b>11900 BISCAYNE BLVD SUITE 509A MIAMI FL 33181</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <input type="checkbox"/>	2a. Mailing Address 26 <input type="checkbox"/>
Suite, Apt. #, etc. 22 <input type="checkbox"/>	Suite, Apt. #, etc. 27 <input type="checkbox"/>
City & State 23 <input type="checkbox"/>	City & State 28 <input type="checkbox"/>
Zip 24 <input type="checkbox"/>	Country 25 <input type="checkbox"/>
Zip 29 <input type="checkbox"/>	Country 30 <input type="checkbox"/>

3. Date Incorporated or Qualified <b>08/14/1998</b>	
4. FEI Number <b>NONE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CZAPLA, CEZARIUSZ C  
11900 BISCAYNE BLVD SUITE 509A  
MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 X [Signature] CEZARIUSZ CZAPLA DATE 03-17-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CITRIN, MARK</b>	
STREET ADDRESS	<b>11900 BISCAYNE BLVD SUITE 509A</b>	
CITY-ST-ZIP	<b>MIAMI FL 33181</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CZAPLA, CEZARIUSZ C</b>	
STREET ADDRESS	<b>11900 BISCAYNE BLVD SUITE 509A</b>	
CITY-ST-ZIP	<b>MIAMI FL 33181</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X [Signature] CEZARIUSZ CZAPLA DATE 03-17-99 DAYTIME PHONE # 305-8999919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)