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08-12-1999 90007 001 ***558.75

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000084801

1. Corporation Name

ABL ENTERPRISES II, INC.

Principal Place of Business	Mailing Address
2729 WEST 1ST AVENUE HIALEAH, FL 33010	2729 WEST 1 ST AVENUE HIALEAH FL 33010

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: OCTOBER 02, 1998

2. Principal Place of Business	2a. Mailing Address
21 435-445 EAST 9TH ST	26 435-445 EAST 9TH ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HIALEAH, FL	City & State 28 HIALEAH, FL
Zip / Country 24 33013 / 25 USA	Zip / Country 29 33013 / 30 USA

4. FEI Number: 65-0866866 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANTIAGO DIEZ, P.A. 1401 BRICKELL AVENUE, SUITE 500 MIAMI, FL 33131	81 Name: HERNAN HERNANDEZ PACHECO 82 Street Address (P.O. Box Number is Not Acceptable): 435-445 EAST 9TH STREET 83 84 City: HIALEAH **FL** 85 Zip Code: 33013

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD AMILCAR AREVALO 2729 WEST 1ST AVENUE HIALEAH, FL 33010	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD HERNAN HERNANDEZ PACHECO 435-445 EAST 9TH STREET HIALEAH, FL 33013	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BELKYS AREVALO 2729 WEST 1ST AVENUE HIALEAH, FL 33010	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD MARIA IRMA HERNANDEZ 435-445 EAST 9TH STREET HIALEAH, FL 33013	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD BETSABE HERNANDEZ 435-445 EAST 9TH STREET HIALEAH, FL 33013	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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: _____ PRESIDENT 8-3-99 305-8843999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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