

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

PROFIT
CORPORATION
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 10 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084801

1. Corporation Name

ABL ENTERPRISES II, INC.

Principal Place of Business

2729 WEST 1ST AVENUE
HIALEAH, FL 33010

Mailing Address

2729 WEST 1 ST AVENUE
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 435-445 EAST 9TH ST

Suite, Apt. #, etc.

22

City & State

23 HIALEAH, FL

Zip

24 33013

Country

25 USA

2a. Mailing Address

26 435-445 EAST 9TH ST

Suite, Apt. #, etc.

27

City & State

28 HIALEAH, FL

Zip

29 33013

Country

30 USA

3. Date Incorporated or Qualified

OCTOBER 02, 1998

4. FEI Number

65-0866866

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible Personal
Property Tax.☐ Yes☒ No

9. Name and Address of Current Registered Agent

SANTIAGO DIEZ, P.A.
1401 BRICKELL AVENUE, SUITE 500
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name
HERNAN HERNANDEZ PACHECO82 Street Address (P.O. Box Number is Not Acceptable)
435-445 EAST 9TH STREET

83

84 City
HIALEAH

FL

85 Zip Code
3301311. 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
AMILCAR AREVALO
2729 WEST 1ST AVENUE
HIALEAH, FL 33010 ☒ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
BELKYS AREVALO
2729 WEST 1ST AVENUE
HIALEAH, FL 33010 ☒ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 ☐ Addition2.1 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 ☐ Addition3.1 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 ☒ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
8000003262038
-06/09/00--01008--020
***150.00 ***150.00 ☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition
SP14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

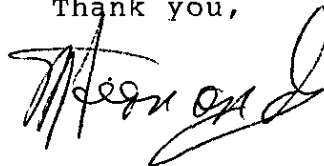
Daytime Phone #

To whom it may concern:

The reason for this letter is to ask you to please accept my pay of \$150.00. I have not received a renewal form by mail nor I had knowledge of the UBR annual fee. I purchased ABL Enterprises II, Inc. nine months ago. I did not have knowledge of the Florida Department of

State Division of Corporations.

Thank you,

A handwritten signature in dark ink, appearing to read "Meenard", is written over the typed text "Thank you,".

DIVISION OF LICENSING
TALLAHASSEE, FL

30 MAY -9 PM 1:19

RECEIVED
DEPARTMENT OF STATE