FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:32

DOCUMENT # **S07705** **(4)**

1. Corporation Name
ABECO, INC.

Principal Place of Business	Mailing Address
~~5577 W. 22ND COURT~~ ~~HIALEAH FL 33016~~	~~5577 W. 22ND COURT~~ ~~HIALEAH FL 33016~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1990	3a. Date of Last Report: 02/08/1994
4. FEI Number: 65-0228845	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21: 8095 N.W. 98 ST.	26: 8095 N.W. 98 ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HIALEAH GARDENS FL	28 City & State: HIALEAH GARDENS, FL
24 Zip: 33016 25 Country: DADE	29 Zip: 33016 30 Country: DADE

9. Name and Address of Current Registered Agent

~~VALIENTE, ABELARDO~~
~~5577 WEST 22ND COURT~~
~~HIALEAH FL 33016~~

10. Name and Address of New Registered Agent

81 Name	JAMES S. MATTEI
82 Street Address (P.O. Box Number is Not Acceptable)	8095 N.W. 98 ST.
83	
84 City: HIALEAH GARDENS FL 85 Zip Code: 33016	

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] 5/19/95
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	D ~~VALIENTE, ABELARDO~~ ~~5577 W. 22ND COURT~~ ~~HIALEAH FL~~	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☑ Addition DIRECTOR MATTEI, JAMES S. 8095 N.W. 98 ST. HIALEAH GARDENS, FL 33016
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR MATTEI, JAMES S. 8095 N.W. 98 ST. HIALEAH GARDENS FL 33016	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] JAMES MATTEI 5/19/95 305/822-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087644 CP