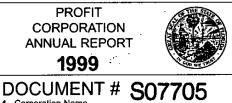
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

## Katherine Harris Secretary of State

## Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90013 022 \*\*\*150.00

1. Corporation ABECO,							
Principal Place	e of Business	Mailing Address				<b>4.9 9.9</b>	,
8095 NW 98 ST		8095 NW 98 ST.					
HIALEAH FL 33016 HIALEAH FL 330 US US		HIALEAH FL 33016	IH FL SEDIE		DO NOT WRITE IN THIS SPACE		
00		.00			3. Date Incorporated or Qualifed		
					10/02/1990		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ар	plied For
21		26			65-0228845	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27			b. Cordinate of President	Fee Re	
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	
Zip	Country	Zip	Counti	ry	8. This corporation owes the current year I		
24	25	29	30		Personal Property Tax.	□Yes	□N <sub>0</sub>
	9. Name and Address of Curren	t Registered Agent	8	4 No-	10. Name and Address of New Registere	J Agent	
ТАМ	TEL, JAMES W.		*	1 Name			
8095 N.W. 98 ST.			8	2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33016			8	2		<del>. , , .</del>	
1 117 12			*	3		1993 a	
			8	4 City		85 Zip (	Code
44 Dumunt	to the provisions of Sections 607.060	2 and 607 1508. Florida Statute	e the sho	ve-named corn	pration submits this statement for the purpose (	f changing its	registered
office or r agent. I a	registered agent, or both, in the State arm familiar with, and accept the obligation	of Florida. Such change was at tions of, Section 607.0505, Flori	uthorized b ida Statute	y the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATÜRÉ						<del></del>	\
12.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Ag	ent signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TILE	D	DELETE	1.1 TITLE	<u> </u>	ADDITIONS/OFFICERS	☐ Change	Addition
NAME	MATTEL, JAMES S.		1.2 NAME				
STREET ADDRESS	COOK NUM OF CT		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-	i			ļ
TITLE		☐ DELETE	2.1 TITLE		,	Change	☐ Addition
NAME			2.2 NAME	.			
STREET ADORESS	_		2.3 \$TRE	ET ADDRESS			
CITY-ST-ZIP							
TITLE .			2.4 CITY	-ST-ZIP	•		
NAME		DELETE	2. 4 CITY 3.1 TITLE			. Change	☐ Addition
. 1.3		DELETE	_	:	·	. Change	☐ Addition
STREET ADDRESS		, DELETE	3.1 TITLE 3.2 NAME	:		☐ Change	Addition
. 14			3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY	ET ADDRESS -ST-ZIP			
STREET ADDRESS		DELETE	3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE	ET ADDRESS -ST-ZIP			Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAME	ET ADDRESS -ST-ZIP	,		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4. 2 NAME 4.3 STRE	ET ADDRESS -ST-ZIP EET ADDRESS	}		
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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:

PATURE REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR