

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S38371 (8)

1. Corporation Name
ABC-UP, INC.



Principal Place of Business
% 777 BRICKELL AVE
SUITE 1200
MIAMI FL 33131

Mailing Address
% 777 BRICKELL AVE
SUITE 1200
MIAMI FL 33131

3. Date Incorporated or Qualified 03/13/1991	3a. Date of Last Report 08/14/1995
4. FEI Number 65-0430802	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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business 21. C/O 701 BRICKELL AVE Suite, Apt. #, etc. 22. SUITE 2000 City & State 23. MIAMI, FL Zip 27121 Country USA	2a. Mailing Address 26. C/O 701 BRICKELL AVE Suite, Apt. #, etc. 27. SUITE 2000 City & State 28. MIAMI, FL Zip 33121 Country USA
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WLMC REGISTERED AGENTS INC
701 BRICKELL AVE
SUITE 2000
MIAMI FL 33131

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
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

Signature typed or printed (Name of registered agent or director)

(If SEF Registered Agent, sign and date when report is filed)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT
NAME	BARROSO, JOHN A	1.2 NAME	BARROSO, John A.
STREET ADDRESS	TUCUMAN 540-14 PISO OF.1	1.3 STREET ADDRESS	TUCUMAN 1421, 2 PISO OF. C
CITY-ST-ZIP	1049 BUENOS AIRES AR	1.4 CITY-ST-ZIP	1050 Buenos Aires, ARG.
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (305) 271-5149
Date: Time: Phone:

CR2E034 (12/95)