


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

FILED

Apr 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																					
<b>DOCUMENT # S76365 (3)</b> 1. Corporation Name <b>ABKEY NO. 9, INC.</b>																							
Principal Place of Business <b>3444 MAIN HWY</b> <b>THIRD FLOOR</b> <b>COCONUT GROVE FL 33133</b> <b>US</b>		Mailing Address <b>PO BOX 330827</b> <b>COCONUT GROVE FL 33233-0827</b> <b>US</b>																					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																					
3. Date Incorporated or Qualified <b>08/28/1991</b>		3a. Date of Last Report <b>04/18/1996</b>																					
4. FEI Number <b>65-0298844</b>		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																					
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
9. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI</b> <b>1500 MIAMI CENTER</b> <b>201 S. BISCAYNE BLVD.</b> <b>MIAMI FL 33131</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____																							
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;"> <input type="checkbox"/> DELETE         </td> </tr> <tr> <td></td> <td><b>PDST AMOS, BETTY G.</b></td> <td><b>3444 MAIN HWY THIRD FLOOR</b></td> <td><b>COXONUT GROVE FL</b></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE		<b>PDST AMOS, BETTY G.</b>	<b>3444 MAIN HWY THIRD FLOOR</b>	<b>COXONUT GROVE FL</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">1.1 TITLE</td> <td style="width:40%;">1.2 NAME</td> <td style="width:30%;">1.3 STREET ADDRESS</td> <td style="width:10%;">1.4 CITY-ST-ZIP</td> <td style="width:10%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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CR2E034 (9/96)