## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **S76370** DOCUMENT # (3) ABKEY NO. 7. INC. Principal Place of Business Mailing Address 3444 MAIN HWY, 3RD FLOOR P O BOX 330927 P O BOX 330927 3RD FLOOR COCONUT GROVE FL 33233-927 COCONUT GROVE FL 33233-927 US 3. Date Incorporated or Qualified 3a. Date of Last Report 08/28/1991 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3444 Main Highway 65-0298782 26 P. O. Box 330927 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Third Floor 27 Fee Required City & State Coconut Grove, FL City & State 6. Election Campaign Financing \$5.00 May Be Coconut Grove, FL. Zip33233-0927 Country US П Trust Fund Contribution Added to Fees <sup>Z</sup>33133 8. This corporation has liability for intangible tax under s 199.032, 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION COMPANY OF MIAMI Street Address (P.C. Box Number is Not Acceptable) 82 1500 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. 83 **MIAMI FL 33131** 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title flappicable (NOTE: Registered Agunt signature required whon reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PSTD** DELETE 2 1. 1 TITLE Change Addition AMOS, BETTY G. 1.2 NAME CR2E034 13724 SW 92 COURT STREET ADDRESS 3444 Main Highway, Third Floor 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP Coconut Grove, FL 1.4 CITY-ST-ZIP 33133 DELETE 2. 1 TITLE ☐ Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP DELETE 3 1 TITLE Change ☐ Addition 3.2 NAME STREFT ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZiP 34 CITY-ST-ZIP DELETE 4 1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5. 1 THIE Change Addition 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 5 4 CITY-ST-ZIP DELETE 6. 1 TITLE ☐ Change ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City - ST- ZiP 64 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!

21

23

24

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TORE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF MIRECTOR