

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 # **S78834** (6)

1. Corporation Name  
**ABACO INVESTMENT, INC.**



Principal Place of Business  
**14499 N. DALE MABRY HIGHWAY  
SUITE 230  
TAMPA FL 33618**

Mailing Address  
**14499 N. DALE MABRY HIGHWAY  
SUITE 230  
TAMPA FL 33618**

3. Date Incorporated or Qualified  
**09/10/1991**

3a. Date of Last Report  
**02/23/1995**

4. FEI Number  
**59-3092150**

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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAVO, JESUS  
14499 N. DALE MABRY HIGHWAY  
SUITE 230  
TAMPA 33618**

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

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 of principal or principal agent and, if available,

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAVO-SAEZ, JESUS</b>	1.2 NAME	
STREET ADDRESS	<b>5406 BLUE HERON LN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENDEZ-DELGADO, OLGA M.</b>	2.2 NAME	
STREET ADDRESS	<b>5406 BLUE HERON LN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENDEZ-DELGADO, CARLOS</b>	3.2 NAME	
STREET ADDRESS	<b>ANTONIO VANDEWALLE PINTO</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPAIN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAVO-SAEZ, GREGORIO</b>	4.2 NAME	
STREET ADDRESS	<b>ZENIT, 21</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPAIN</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHOLTES, ALOYSE</b>	5.2 NAME	
STREET ADDRESS	<b>44 RUE DE WILTZ</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUXEMBOURG</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 hereof, or as an attachment with an address.

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)