

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

AMENDMENT

DOCUMENT # S85953

(5)

1. Corporation Name

PAB Consultants, Inc.

Principal Place of Business

Mailing Address

2000 S. Andrews Ave.
Fort Lauderdale, FL 33316
US

2000 S. Andrews Ave.
Ft. Lauderdale, FL 33316
US

2. Principal Place of Business

2a. Mailing Address

21 2000 S. Andrews Ave.

26 2000 S. Andrews Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

24 Zip

Country

29 Zip

Country

33316

USA

33316

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

10/7/91

3/6/96

4. FEI Number

Applied For

65-0293045

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

BARCIA, PAUL P.
1000 River Reach Dr.
Apt. 212
Ft. Lauderdale

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 and official agent

(NOTE: Registered Agent signature required when revoking)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
BARCIA, ANN R.
1000 River Reach Dr. #212
Ft. Lauderdale, FL 33315

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
Director
BENGTSON, CARL W.
2546 Palm Road
West Palm Beach, FL 33406

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
BARCIA, PAUL P.
1000 River Reach Dr. #212
Ft. Lauderdale, FL 33315

☐ DELETE

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
RIVERA, DAVID S.
11591 SW 9th Court
Pembroke Pines, FL 33025

☐ DELETE

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP
100001840831
-05/28/96--01034--001
***70.00

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY - ST - ZIP

☐ Change

☐ Addition

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

ANN R. BARCIA

4/29/96

(954) 767-6050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)