

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V18113 (3)

1. Corporation Name

ABRAHAM FENCE, INC.

Principal Place of Business

2172 NW 26TH AVE
MIAMI FL 33142

Mailing Address

2172 NW 26TH AVE
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/28/1992
3a. Date of Last Report 04/12/1994

4. FEI Number 65-0315852
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. 100.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 7141 NW 74ST MIAMI

2a. Mailing Address

26 7141 NW 74ST MIAMI 33166

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

24 33166

25 DADE

29 33166

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONTANO, OSVALDO

8201 NW 74 AVE

MEDLEY FL 33106

7141 NW 74ST
MIAMI FL 33166

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 title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

4-25-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD
NAME MONTANO, OSVALDO
STREET ADDRESS 2172 NW 26TH AVE
CITY, ST, ZIP MIAMI FL
TITLE TSD
NAME MONTANO, OSVALDO
STREET ADDRESS 2172 NW 26TH AVE
CITY, ST, ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I do hereby certify that this information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSVALDO MONTANO, PRESIDENT

4-25-95

(Typed Name)