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

DOCUMENT # **V40205** **(9)**

1. Corporation Name
A.B.C.L. PROPERTY CORP.

Principal Place of Business
2699 S BAYSHORE DR
SUITE 700
MIAMI FL 33133

Mailing Address
2699 S BAYSHORE DR
SUITE 700
MIAMI FL 33133

2. Principal Place of Business
21 20801 Biscayne Blvd.
Suite, Apt. #, etc.
22 Suite 455
City & State
23 Aventura, FL
Zip 24 33180 Country 25 USA

2a. Mailing Address
26 20801 Biscayne Blvd.
Suite, Apt. #, etc.
27 Suite 455
City & State
28 Aventura, FL
Zip 29 33180 Country 30 USA

3. Date Incorporated or Qualified: **06/01/1992**
3a. Date of Last Report: **02/28/1995**
4. FEI Number: **65-0341407** [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
CORPCO INC.
2699 S BAYSHORE DR
SUITE 700
MIAMI FL 33133

10. Name and Address of New Registered Agent
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 607.0505, 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 Date

12. OFFICERS AND DIRECTORS

TYPE	DPT	[ ] DELETE
NAME	ABRAMSON, DANIEL	
STREET ADDRESS	20801 BISCAYNE BLVD., #455	
CITY, ST, ZIP	AVENTURA FL 33180	
TYPE	DVPS	[ ] DELETE
NAME	CLEEMAN, PAUL	
STREET ADDRESS	20801 BISCAYNE BLVD., #455	
CITY, ST, ZIP	AVENTURA FL 33180	
TYPE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TYPE	[ ] Change	[ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TYPE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TYPE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TYPE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TYPE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TYPE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemptions 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, complete 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 of changes or additions hereunder with an address.

SIGNATURE: ABCL PROPERTY CORP. VP.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL CLEEMAN, Vice President

3-18-96 (305) 9334546
Date Daytime Phone #

CR2E034 (12/95)