FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 18 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

P. Corporation Name (4)															
A.B. WARRANTY COMPANY OF FLORIDA															
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Pr	incipal Place	e of Busines	s		Ma	ailing Address					1	i iesii Siibsi oiiii salik oiiti iibid	DIII DIEN SIDI	ii dibii dibii bi	Tii Bib ii 1861
11222 QUAIL ROOST DR 11222 QUAIL ROOST DR											1				
MIAMI FL 33157 MIAMI FL 33157							, , , , , , , , , , , , , , , , , , ,				-				
US					US					DO NOT WRITE IN THIS SPACE					
											3	Date Incorporated or Qualified	1		
-	2. Principal Place of Business 2a. Mailing Address										 _	07/14/1992 - FEI Number			
21					26					"	65-0344418		F	pplied For lot Applicable	
=11	Sulte, Apt. #, etc.				Suite, Apt. #, etc.					+				Additional	
22					27					5	- Certificate of Status Desired			lequired	
	City & State				City & State					6	Election Campaign Financing		\$5.00	May Be	
23					28						Trust Fund Contribution			to Fees	
	Zip		Countr	/		Zip		Countr	у		В	 This corporation owes or has 			
24	25			29 30						1_	Personal Property Tax due Ju			No	
Name and Address of Current Registered Agent												Name and Address of New	Registered	Agent	
GARCIA, LEONARDO 81 HEC										-GE	N	ARTHUR W.			
11222 QUAIL ROAST DR								82 Street Addre			ess (P.O. Box Number is Not Accept	able)		,,
ļ	MIAMI FL 33157								1112	22_(<u>VV</u>	AIL ROOST DRIV	<u> </u>		
									'						
								84	84 City MM				FL	85 Zip	Code
11	11. Pursuant to the provisions of Sections 607 0502/and 607 1508 Florida Statutes											on submits this statement for the			its registered
''	office or r	ont, or both	in the State	of Floric	da. Such change	was auth	orized b	y the co	orporation	on's	board of directors. I hereby acc	ept the ap	pointment a	s registered	
11. Pursuant to the provisions of Sections 607.0500 find 607.1508. Florida Statules, the above-named office or registered a durit, or bottl, in the Statuto Florida. Such change was authorized by the coagent. I am familia.															
51	GNATURE	Signature, typical	f or printed name			if applicable	(NOTE Re	gistered Ag	ent signati	ire require	d whe	en reinstating)	DATE		
12			0	FEICERS (N	DIREC			13.				ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECTO	R\$ IN 12
TIT	LE	D		-		☐ DELE	TE	1.1 TITLE						Change	☐ Addition
NA:	ME		r, Eugeni					1.2 NAME							i
STA	REET ADDRESS		QUAIL RO	OST DR				1.3 STREE	T ADDRESS	6					
	Y-ST-ZIP	MIAMI F	·L			T here	7.5	1.4 CITY	ST-ZIP	<u> </u>				1 0	1 1 1 1 1 1 1
TIT	ı	DS				☐ DELE	it.	2.1 TITLE						Change	☐ Addition
NA			n, arthu					2.2 NAME							
1	REET ADORESS		QUIAL ROC	SIDH					1 ADDRESS	1		•			
CIT	Y-ST-ZIP	MIAMI F	<u>-L</u>			DELE	TE	2.4 CITY- 3.1 TITLE	ST-ZIP					Change	Addition
NA:			O, ENRIQ	IF I		☐ PEE		3.2 NAME						مالاستان بــــ	
1	HEET ADDRESS		OUAIL ROC					•	T ADDRESS						
1 1	Y-ST-ZIP	MIAMI F		1 DIL			-	3.4. CITY-		´					
TIT		DP				☐ DELE	TÉ	4.1 TITLE	V1 E11	+	-			Change	☐ Addition
NA	1		F. THOM	\S		-	1	4. 2 NAME	-					•	
I	REET ADDRESS		QUAIL RO					4.3 STREE	T ADDRESS	;					
I	Y-ST-ZIP	MIAMI F		-				4.4 CITY-							
TIT			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DELE	TE	51 TITLE						Change	Addition
Ì ₩	ME						1	5.2 NAME							
STF	REET ADDRESS							5.3 STREE	T ADDRESS	3					
сп	Y-ST-ZIP							5.4 CITY-	ST - ZIP	_					
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NA								6.2 NAME							
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CIT	Y-ST-ZIP							6.4 CITY-	ST-ZIP	ŀ					

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.