

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V64062 (5)
1. Corporation Name
ABBA MARINE CORPORATION

Principal Place of Business ABBA MARINE CORPORATION 4700 HIATUS RD., STE. 254 FT. LAUD. FL 33351 US	Mailing Address ABBA MARINE CORPORATION 4700 HIATUS RD., SUITE #254 FT. LAUDERDALE FL 33351 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ABBA MARINE CORPORATION Suite, Apt. #, etc. 22 4700 NORTH HIATUS ROAD-SUITE 254 City & State 23 SUNRISE - FLORIDA Zip 24 33351	2a. Mailing Address 26 ABBA MARINE CORPORATION Suite, Apt. #, etc. 27 4700 NORTH HIATUS ROAD-SUITE 254 City & State 28 SUNRISE - FLORIDA Zip 29 33351	3. Date Incorporated or Qualified 09/14/1992	4. FEI Number 65-0355853 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

ANDRADE, CARLOS M
4700 HIATUS ROAD SUITE #254
FT. LAUDERDALE FL 33351

10. Name and Address of New Registered Agent

81 Name ANDRADE, CARLOS M.	82 Street Address (P.O. Box Number is Not Acceptable) 4700 NORTH HIATUS ROAD - SUITE 254	83	84 City SUNRISE	85 FL	Zip Code 33351
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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, 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

04/02/98

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRADE, CARLOS M. 4700 HIATUS RD., SUITE 254 FT. LAUDERDALE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D ANDRADE, CARLOS M. 4700 NORTH HIATUS ROAD, SUITE 254 SUNRISE - FL - 33351.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby 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 supplementary 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 in an attachment with an address.

SIGNATURE:

CARLOS M. ANDRADE 04/02/98

(954) 741-6390

CR2E034 (10/97)