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Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 310900 (6)  
1. Corporation Name  
ABACO INC



Principal Place of Business  
3911 N W 26TH STREET  
MIAMI FL 33142

Mailing Address  
PO BOX 55-7803  
MIAMI FL 33255-7803

3. Date Incorporated or Qualified 11/14/1966  
3a. Date of Last Report 03/29/1996  
4. FEI Number 59-1160402  
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 Yes No

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24 25  
2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LES, TIMOTHY L  
3911 NW 26TH ST  
MIAMI FL 33142

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Table with 2 columns: Title, Name, Street Address, City-St-Zip. Includes entries for David Les and Timothy Les.

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14. I do 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 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: [Signature] TIMOTHY LES 3/20/97 365.871.2150

CP2E034 (9/96)