

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **515433** (1)  
1. Corporation Name  
**FLEXINI OF MIAMI, INC.**



Principal Place of Business Mailing Address  
**10 NW 2ND ST. MIAMI FL 33128** **10 NW 2ND ST. MIAMI FL 33128**

3. Date Incorporated or Qualified **09/29/1976** 3a. Date of Last Report **03/30/1995**  
4. FEI Number **59-1708013** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GORFINKEL, NESTOR B., ESQ.**  
**7 NW 2ND STREET**  
**SUITE 203**  
**MIAMI FL 33128**

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 filing change) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>GORFINKEL, LEON</b>	
STREET ADDRESS	<b>10 NW 2ND ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>CHAILOSKY, MIGUEL</b>	
STREET ADDRESS	<b>10 NW 2ND ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>SAPOZNIK, MARIO</b>	
STREET ADDRESS	<b>10 NW 2ND ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>GORFINKEL, JULIUS H</b>	
STREET ADDRESS	<b>10 NW 2ND ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SAPOZNIK, LAZARO</b>	
STREET ADDRESS	<b>10 NW 2ND ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GORFINKEL, MARCOS</b>	
STREET ADDRESS	<b>10 NW 2ND STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**400001752074**  
**-03/21/96--01022--007**  
**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption 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 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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (Signature of Nestor B. Gorfinkel)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
President 2/17/96 (305) 371-3309  
Date: \_\_\_\_\_ Date: \_\_\_\_\_  
State Phone # \_\_\_\_\_

CR2E034 (12/95)