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APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F99635 (7)
1. Corporation Name
RECABRO INTERNATIONAL, INC.

Principal Place of Business
**1540 E. COMMERCIAL BLVD.
SUITE B
FT. LAUDERDALE FL 33334**

Mailing Address
**1540 E. COMMERCIAL BLVD.
SUITE B
FT. LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/14/1982** 3a. Date of Last Report **02/24/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2222273** 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

9. Name and Address of Current Registered Agent

**RATTE, LORRAINE
601 S.E. 9TH AVE.
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name **Louise Albert**

82 Street Address (P.O. Box Number is Not Acceptable) **280 SE 11th Street**

83

84 City **Pompano beach** FL 85 Zip Code **33060**

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 Louise Albert Louise Albert 4/5/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HEINZ, RENZ
STREET ADDRESS	601 S.E. 9TH AVE.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	V
NAME	RATTE, LORRAINE
STREET ADDRESS	601 S.E. 9TH AVE.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	V
NAME	ALBERT, LOUISE
STREET ADDRESS	280 S.E. 11TH ST.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Secretary
33 STREET ADDRESS	Louise Albert
34 CITY - ST - ZIP	280 SE 11th Street Pompano Beach, FL 33060
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 4/5/95 (305) 938-7139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE