

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 1:49

DOCUMENT # **G92241** (0)

1. Corporation Name
DUBO ENTERPRISE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8350 NW 52ND TERRACE #205
P. O. BOX 522196
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/19/1984** 3a. Date of Last Report **03/29/1994**

2. Principal Place of Business 2a. Mailing Address
21 **8000 Governors Sq Blvd** 26 **8000 Governors Sq Blvd**

4. FEI Number **59-2382023** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#404** 27 **#404**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **Miami Lakes FL** 28 **Miami Lakes FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **33016** 25 **US** 29 **33016** 30 **US**

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYADJIAN, JUAN CARLOS
8350 NW 52ND TERRACE #205
MIAMI FL 33166

81 Name **BOYADJIAN, JUAN CARLOS**
82 Street Address (P.O. Box Number is Not Acceptable) **8000 GOVERNORS SQ BLVD**
83 **#404**
84 City **MIAMI LAKES FL** 85 Zip Code **33016**

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

Juan C. Boyadjian

(NOTE: Registered Agent signature required when re-registering)

4/18/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST**
NAME **BOYADJIAN, JUAN C.**
STREET ADDRESS **301 174TH ST #1909**
CITY-ST-ZIP **MIAMI BEACH FL**

1 1 TITLE **PST** Change Addition
1 2 NAME **BOYADJIAN, JUAN C.**
1 3 STREET ADDRESS **3000 ISLAND BLVD. TH # 5**
1 4 CITY-ST-ZIP **MIAMI FL 33180**

TITLE **D**
NAME **BOYADJIAN, JUAN C.**
STREET ADDRESS **301 174TH ST #1909**
CITY-ST-ZIP **MIAMI BCH. FL**

2 1 TITLE **D** Change Addition
2 2 NAME **BOYADJIAN, JUAN C.**
2 3 STREET ADDRESS **3000 ISLAND BLVD. TH #**
2 4 CITY-ST-ZIP **MIAMI FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 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 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 in and out; 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:

Juan C. Boyadjian

4/18/95

Date

(305) 826-3926

Telephone #