

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 # **H23359** (3)

1. Corporation Name

**D. BEN-TOBY, INC.**

Principal Place of Business

**5491 NW 72 AVE  
BOX 72  
MIAMI FL 33166  
US**

Mailing Address

**5491 NW 72 AVE.  
BOX 72  
MIAMI FL 33166  
US**



2. Principal Place of Business

2a. Mailing Address

21 **5491 N.W. 72 AVE**

26 **5491 N.W. 72 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **MIAMI, FLORIDA**

28 **MIAMI, FLORIDA**

Zip

Country

Zip

Country

24 **33166**

25

29 **33166**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AZAN, PAUL  
2315 NW 107TH AVE., BOX 72, B-26  
MIAMI FL 33172**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**5491 N.W. 72 AVE**

83

84 City

**MIAMI**

**FL**

85 Zip Code

**33166**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDS** ☐ DELETE  
NAME **AZAN, PAUL**  
STREET ADDRESS **14450 SW 93 TERRACE**  
CITY-STATE-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE **VP** ☐ DELETE  
NAME **AZAN, ANTHONY**  
STREET ADDRESS **8912 SW 150 PLACE CIRCLE**  
CITY-STATE-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANTHONY AZAN 4/23/96 (305) 887-5300**

CR2E034 (12/95)