

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Mar 19 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H96622 (6)**  
 1. Corporation Name  
**EQUIFLOR CORPORATION**



Principal Place of Business <b>C/O MICHAEL A. RUBIN 420 S. DIXIE HIGHWAY, SUITE #4B CORAL GABLES FL 33146</b>	Mailing Address <b>C/O MICHAEL A. RUBIN 420 S. DIXIE HIGHWAY, SUITE #4B CORAL GABLES FL 33146</b>
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DO NOT WRITE IN THIS SPACE

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	29
25	30

3. Date Incorporated or Qualified <b>01/30/1986</b>	
4. FEI Number <b>59-2703775</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**RUBIN, MICHAEL A.  
420 S. DIXIE HIGHWAY  
SUITE #4B  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>GIORGINI, VICTOR R</b>	
STREET ADDRESS	<b>4405 NW 97TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>SARANDES, ANTHONY</b>	
STREET ADDRESS	<b>4405 NW 97TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>JANICE L GIACOBBAZZI</b>	
STREET ADDRESS	<b>4405 NW 97TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>MARRERO, RAUL</b>	
STREET ADDRESS	<b>4405 N.W. 97TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>MICHAEL A RUBIN</b>	
STREET ADDRESS	<b>4405 N.W. 97TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>TRUJILLO, NICOLAS F</b>	
STREET ADDRESS	<b>4405 NW 97TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Asst. Secretary Charlotte Chambless</b>
33 STREET ADDRESS	<b>810 SW 80 Street</b>
34 CITY-ST-ZIP	<b>Ocala, FL 34476</b>
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 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 application for 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 officer 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]* **1/19/98 (352) 237-1810**

CR2E034 (10/97)