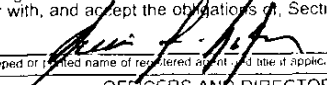


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

027629

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90110 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K25267					
1. Corporation Name L.L. RUBIN & COMPANY					
Principal Place of Business 10812 SW 142 CT MIAMI FL 33186 US			Mailing Address P.O. BOX 650925 P.O. BOX 650925 MIAMI FL 33265 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/03/1988	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0052411	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent LOPEZ, LUIS A. 2121 PONCE DE LEON BLVD #523 CORAL GABLES FL 33134			10. Name and Address of New Registered Agent		
			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  DATE 3/15/99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE DP ☒ DELETE ☐ Change ☐ Addition					
12 NAME LOPEZ, LUIS A.					
13 STREET ADDRESS 10812 SW 142 CT					
14 CITY-ST-ZIP MIAMI, FL					
21 TITLE D ☒ DELETE ☐ Change ☐ Addition					
22 NAME LOPEZ, NANCY C.					
23 STREET ADDRESS 10812 SW 142 CT					
24 CITY-ST-ZIP MIAMI, FL					
31 TITLE ☐ DELETE ☐ Change ☐ Addition					
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE ☐ DELETE ☐ Change ☐ Addition					
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE ☐ DELETE ☐ Change ☐ Addition					
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE ☐ DELETE ☐ Change ☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99 **305-3881375**

CR2E034 (11/98)