

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **M93234** (6)  
1. Corporation Name  
**REBULL GROUP, INC.**



Principal Place of Business: **2600 DOUGLAS RD. STE. 500 CORAL GABLES FL 33134**  
Mailing Address: **2600 DOUGLAS RD. STE. 500 CORAL GABLES FL 33134**

2. Principal Place of Business: 21 Subj., Apt., #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Subj., Apt., #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **08/09/1988** 3a. Date of Last Report: **01/20/1995**  
4. FEI Number: **65-007747** 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**

**REBULL, JULIO G., SR.  
2600 DOUGLAS RD.  
STE. 500  
MIAMI 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

Signature of Registered Agent (required for all filings)  
**OFFICERS AND DIRECTORS**

Registered Agent Signature (required when changing)

DATE

12. OFFICERS AND DIRECTORS  
1. TITLE: **P**  DELETE  
2. NAME: **REBULL, JULIO GONZALEZ SR.**  
3. STREET ADDRESS: **2600 DOUGLAS RD., STE. 500**  
4. CITY-STATE-ZIP: **CORAL GABLES FL 33134**  
5. TITLE:  DELETE  
6. NAME:  
7. STREET ADDRESS:  
8. CITY-STATE-ZIP:  
9. TITLE:  DELETE  
10. NAME:  
11. STREET ADDRESS:  
12. CITY-STATE-ZIP:  
13. TITLE:  DELETE  
14. NAME:  
15. STREET ADDRESS:  
16. CITY-STATE-ZIP:  
17. TITLE:  DELETE  
18. NAME:  
19. STREET ADDRESS:  
20. CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE:  Change  Addition  
2. NAME:  
3. STREET ADDRESS:  
4. CITY-STATE-ZIP:  
5. TITLE:  Change  Addition  
6. NAME:  
7. STREET ADDRESS:  
8. CITY-STATE-ZIP:  
9. TITLE:  Change  Addition  
10. NAME:  
11. STREET ADDRESS:  
12. CITY-STATE-ZIP:  
13. TITLE:  Change  Addition  
14. NAME:  
15. STREET ADDRESS:  
16. 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: *Julio Rebull*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

305 -  
446-9234

CR2E034 (12/95)