

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000084847 (9)

1. Corporation Name
ROBYMAR CORP.



Principal Place of Business

Mailing Address

~~169 EAST FLAGLER ST.
SUITE 1527
MIAMI FL 33131~~

~~169 EAST FLAGLER ST.
SUITE 1527
MIAMI FL 33131~~

2. Principal Place of Business

2a. Mailing Address

21 4943 E. HILLSBOROUGH AVE.

26 4943 E. HILLSBOROUGH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B

27 SUITE B

City & State

City & State

23 TAMPA, FLORIDA

28 TAMPA, FLORIDA

Zip

Country

Zip

Country

24 33610

25 U.S.A.

29 33610

30 U.S.A.

9. Name and Address of Current Registered Agent

THOMPSON, DISNEY
169 EAST FLAGLER ST.
SUITE 1527
MIAMI FL 33131

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 607.06(1) and 607.16(1) 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, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2), Florida Statutes.

SIGNATURE

Signature of person authorized to accept for this corporation

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BADIA, ROBERTO G	
STREET ADDRESS	169 EAST FLAGLER ST., SUITE 1527	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MARIELA	
STREET ADDRESS	169 EAST FLAGLER ST., SUITE 1527	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, IZAGUIRRE	
STREET ADDRESS	169 EAST FLAGLER ST., SUITE 1527	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COMIN, GLORIA	
STREET ADDRESS	169 EAST FLAGLER ST., SUITE 1527	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13 NAME	COMIN-BADIA, ROBERTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS		
13 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 NAME	IZAGUIRRE, MARITZA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS		
13 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS		
13 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS		
13 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information specified within this form was voluntarily furnished to me by the corporation and that the information is true and correct. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 registered agent, and that my name appears in Block 12 or Block 13 if an officer, director, or registered agent, and that my name appears in Block 12 or Block 13 if an officer, director, or registered agent.

SIGNATURE:

Roberto Comin-Badia

ROBERTO COMIN-BADIA

3/25/96

305-381-9188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)