

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
 Feb 26 1996 8:00 am
 Secretary of State

DOCUMENT # **S97491 (2)**

1. Corporation Name

S.B.P. AND ASSOCIATES OF HIALEAH, INC.



Principal Place of Business: 1257 W 68TH STREET HIALEAH FL 33014 US
 Mailing Address: 1257 W. 68TH STREET HIALEAH FL 33014 US

3. Date Incorporated or Qualified: 12/03/1991
 3a. Date of Last Report: 04/20/1995
 4. FEI Number: 65-0300194
 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

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

9. Name and Address of Current Registered Agent
BLUTSTEIN, GEORGE J
303-20801 BISCAYNE BLVD
AVENTURA FL 33180

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | PASKIND, STEPHEN B | |
| STREET ADDRESS | 11575 S W 37TH COURT | |
| CITY- ST- ZIP | DAVIE FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | MARINOFF, GERALD | |
| STREET ADDRESS | 18540 N BAY ROAD | |
| CITY- ST- ZIP | NO MIAMI BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PASKIND, PAMELA D | |
| STREET ADDRESS | 11575 S.W. 37TH COURT | |
| CITY- ST- ZIP | DAVIE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PASKIND-FLESNER, CARLA | |
| STREET ADDRESS | 2910 OLD ORCHID RD | |
| CITY- ST- ZIP | DAVIE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JUDITH KUSHNER | |
| 1.3 STREET ADDRESS | 22808 LA. COCAICHOE WY | |
| 1.4 CITY- ST- ZIP | BOCA RATON FL 33433 | |
| 2.1 TITLE | DPS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Gerald Marinoff | |
| 2.3 STREET ADDRESS | 18540 N. Bay Rd. | |
| 2.4 CITY- ST- ZIP | N-M-B- FL. 33160 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY- ST- ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY- ST- ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY- ST- ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY- ST- 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: *Gerald Marinoff* V.P. **Gerald Marinoff** 2/20/96 305-527-4110
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)