FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:38

DOCUMENT # **823902** **(2)**

1. Corporation Name

REIBER ESTATES LIMITED

Principal Place of Business	Mailing Address
8888 COLLINS AVE 25 S.E. SECOND AVENUE, SUITE 919 SURFSIDE FL 33154 US	701 BRICKELL AVE 1110 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/31/1969**
3a. Date of Last Report: **02/23/1994**

2. Principal Place of Business
21: 37 Star Island
22: Suite, Apt. #, etc.
23: Miami Beach, FL
24: 33139
25: U.S.A.

2a. Mailing Address
26: 200 S. Biscayne Blvd.
27: 2420
28: Miami, FL
29: 33131
30: U.S.A.

4. FEI Number: **59-1302063** ☐ 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

MELAND, MARK S.
701 BRICKELL AVE
1110
MIAMI FL 33131-8538

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2420 First Union Financial Center
83: 200 South Biscayne Boulevard
84 City: Miami FL 85 Zip Code: 33131

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: _____ MARK S. MELAND 3/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	REIBER,NATHAN	12 NAME		
STREET ADDRESS	1800 NE 114 ST.	13 STREET ADDRESS	37 Star Island	
CITY-ST-ZIP	NO MIAMI FL	14 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	SD	21 TITLE		☒ Change ☐ Addition
NAME	REIBER, LAWRENCE	22 NAME		
STREET ADDRESS	8888 COLLINS AVE.	23 STREET ADDRESS	37 Star Island	
CITY-ST-ZIP	SURFSIDE FL	24 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	MELAND, MARK S.	32 NAME		
STREET ADDRESS	701 BRICKELL AVE SUITE 1110	33 STREET ADDRESS	200 S. Biscayne Blvd. #2420	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, FL 33131	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 added on the attachment with an address.

SIGNATURE: MARK MELAND, V.P. 3/1/95 (305)358-6363
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

012561 CP