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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P92000001989 (2)

THE RUBINI CORPORATION

STREET ADDRESS

Principal Place 3801 S. BAYSI SUITE 1425 MIAMI FL 3313	HORÊ DR.	Mailing Address 2601 S. BAYSHORE DR. SUITE 1425 MIAMI FL 33133-5413							
			:			3. Date Incorporated or Qualified 10/30/1992	3a. Da 04/	ate of Last Re 29/1996	eport
2, Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 65-0374906	Applied For Not Applicable		
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State		City & State	·			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip 24	Country 25		Country 30	′] Yes [☐ No	199.032,
	g, Name and Address of Curren	t Registered Agent		١.	Ala	10. Name and Address of New Re	gistered	Agent	
260	EMAN, ROBERT A 1 S. BAYSHORE DR.		81	L	Name Street Addres	ss (P.O. Box Number is Not Accepta	ole)		
	re 1425 Mi Fl 33133		83	-	~				
			84	7	City		FL	85 Zip (Code
agent. I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AN	nt and little if applicable (NOTE:	Registered Age	s. 		t when reinstating)	DATE		
12.	OFFICERS AN	DELETE	13.			ADDITIONS/CHANGES TO OFFI	JEHS ANL		S IN 12 Addition
NAME STREET ADDRESS	RUBINI, GIORGIO 2601 S. BAYSHORE DR., SUIT MIAMI FL 33133	_	1.1 TITLE 1.2 NAME 1.3 STREET					L Change	Addition
CITY-ST-ZIP	\$	DELETE	1.4 City - S 2.1 Title	51-2	EIF			Change	Addition
NAME	FREEMAN, ROBERT A.	occarie	2.1 INLE		}			C. Onlange	Notition
STREET ADORESS	2601 S. BAYSHORE DR. SUITI MIAMI FL 33133	E 1425	2.3 STREET						
CITY-ST-ZIP TITLE	VD	DELETE	2. 4 CITY - 3.1 TITLE	51-	ZIP			Change	Addition
NAME	DIAME GIODOIO			3.2 NAME				□ Oumige	C required
STREET ADDRESS	AAAA A BAYAHADE ED OUEE AAAE		- N	3.3 STREET ADDRESS					
CITY-ST-ZIP	\$ N 4 1 1 P 1 00 4 0 0			3.4, CHY-S1-ZIP					
TITLE				4.1 TITLE				Change	Addition
NAME			:	4. 2 NAME					
STREET ADDRESS			4.3 STREET		ODRESS !				
CITY-ST-ZIP	1		1	4.4 ICITY - ST - ZIP					
TITLE			5.1 TITLE					Change	Addition
NAME			5.2 NAME					~	
STREET ADDRESS			5.3 STREET	î AD	ODRESS				
• • • • • • • • • • • • • • • • • • • •			5.4 CITY - 9				•		
TITLE	DELETE 6.1							Change	Addition

6.4 CITY-ST-ZIP

14. I do 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 ennual 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 direction 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 15 or Block 15 or 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 15 or B

FILED

May 16 1997 8:00am

Secretary of State