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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 164324

(6)

1. Corporation Name

BARUB CORPORATION

Principal Place of Business

2012 FISHER ISLAND DRIVE
~~5002 N BAY RD~~
FISHER ISLAND FL 33109-0022
US

Mailing Address

2012 FISHER ISLAND DRIVE
~~5002 N BAY RD~~
FISHER ISLAND FL 33109-0022
US

3. Date Incorporated or Qualified

02/21/1951

3a. Date of Last Report

01/23/1996

2. Principal Place of Business

21 2012 FISHER ISLAND DR.

Suite, Apt. #, etc.

22

City & State

23 FISHER ISLAND, FL

Zip

24 33109-0022

Country

25 US

2a. Mailing Address

26 2012 FISHER ISLAND DR.

Suite, Apt. #, etc.

27

City & State

28 FISHER ISLAND, FL

Zip

29 33109-0022

Country

30 US

4. FEI Number

59-0659633

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

KUTUN, BARRY
2012 FISHER ISLAND DR.
MIAMI FL 33109

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KUTUN, RUBIN
STREET ADDRESS 11 ISLAND AVE APT-2012
CITY - ST - ZIP MIAMI, FL 33139

TITLE V ☐ DELETE

NAME KUTUN, PEARL
STREET ADDRESS 11 ISLAND AVE APT-2012
CITY - ST - ZIP MIAMI, FL 33139

TITLE S ☐ DELETE

NAME KUTUN, BARRY
STREET ADDRESS 2012 FISHER ISLAND DR.
CITY - ST - ZIP MIAMI, FL 33140

TITLE D ☐ DELETE

NAME KUTUN, BARRY
STREET ADDRESS 2012 FISHER ISLAND DR.
CITY - ST - ZIP MIAMI, FL 33140

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

1/3/97 205-538-4244

CR2E034 (9/96)