

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

DOCUMENT # 267434 (9)

1. Corporation Name

ESTREB, INC.



Principal Place of Business

50 WEST FLAGLER STREET  
MIAMI FL 33130-1803

Mailing Address

50 WEST FLAGLER STREET  
MIAMI FL 33130-1803

3. Date Incorporated or Qualified

02/25/1963

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

21 SO W. FLAGLER ST

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FLA.

24 Zip

33130

25 Country

USA

2a. Mailing Address

26 SO W. FLAGLER ST

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FLA.

29 Zip

33130

30 Country

USA

4. FEI Number

59-1050628

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

ROSENBERG, REBECCA  
921 NE 176TH ST  
N MIAMI BCH. FL 33162

10. Name and Address of New Registered Agent

81 Name

BABOURI, REBECCA

82 Street Address (P.O. Box Number is Not Acceptable)

921 NE 176 ST

83

84 City

N. MIAMI BEACH FL

85 Zip Code

33162

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]*

Signature, typed or printed name of registered agent and how it applies

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
TSD  
ROSENBERG, REBECCA  
STREET ADDRESS  
921 NE 176TH ST  
CITY-STATE-ZIP  
NORTH MIAMI BCH. FL

TITLE ☐ DELETE

NAME  
D  
BABOURI, SARAH  
STREET ADDRESS  
921 NE 176 ST  
CITY-STATE-ZIP  
N. MIAMI BCH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME  
BABOURI, REBECCA  
13 STREET ADDRESS  
921 NE 176 ST  
14 CITY-STATE-ZIP  
N. MIAMI BEACH, FLA.

2.1 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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:

*[Signature]* Rebecca Babouri  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/96

305/371-8844  
District Phone #

CR2E034 (12/95)