

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

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Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1963	3a. Date of Last Report 01/30/1996
21	26	4. FEI Number 59-1050628		Applied For Not Applicable	
22 Suite Apt. # etc.		27 Suite Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 REBECCA BABOURI  
82 Street Address (P.O. Box Number is Not Acceptable)  
921 NE 176 ST  
83  
84 City N. MIAMI BCH, 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 *Rebecca Rosenberg*; REBECCA BABOURI 4/5/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD	1.1 TITLE	PD
NAME	ROSENBERG, REBECCA	1.2 NAME	REBECCA BABOURI
STREET ADDRESS	921 NE 176TH ST	1.3 STREET ADDRESS	921 NE 176 ST
CITY-ST-ZIP	NORTH MIAMI BCH. FL	1.4 CITY-ST-ZIP	N. MIAMI BCH, FLA. 33162
TITLE	D	2.1 TITLE	
NAME	BABOURI, SARAH	2.2 NAME	
STREET ADDRESS	921 NE 176 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Rebecca Rosenberg* REBECCA BABOURI 4/5/97 (305) 371-8844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)