

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 # 696931 (5)

1. Corporation Name

ROBAYNA AND ASSOCIATES, INC.



Principal Place of Business

5881 N.W. 151 ST., #126
MIAMI LAKES FL 33014-3704

Mailing Address

5881 N.W. 151 ST., #126
MIAMI LAKES FL 33014-3704

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

g. Name and Address of Current Registered Agent

ROBAYNA, RAFAEL L.
5881 N.W. 151 STREET, SUITE #126
MIAMI LAKES FL 33014-3704

3. Date Incorporated or Qualified

07/30/1981

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2119073

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

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 or director

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME ROBAYNA, RAFAEL L.
STREET ADDRESS 5881 NW 151 ST. #126
CITY-ST-ZIP MIAMI LAKES, FL 33014

☐ DELETE

TITLE VP
NAME HERRYMAN, WILLIAM
STREET ADDRESS 5881 N.W. 151 ST. #126
CITY-ST-ZIP MIAMI LAKES, FL 33014

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D
12 NAME ROBAYNA, RAFAEL L.
13 STREET ADDRESS 5881 NW 151 ST. #126
14 CITY-ST-ZIP MIAMI LAKES, FL 33014

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE S
32 NAME BENITEZ, ANGELA
33 STREET ADDRESS 5881 NW 151 ST. #126
34 CITY-ST-ZIP MIAMI LAKES, FL 33014

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 addition with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafael L. Robayna, Pres.

4/11/96

(305)823-9316

Date

Daytime Phone #

CR2E034 (12/95)