

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:38

DOCUMENT # **823902** (2)

1. Corporation Name
REIBER ESTATES LIMITED

Principal Place of Business Mailing Address
8888 COLLINS AVE 701 BRICKELL AVE
25 S.E. SECOND AVENUE, SUITE 919 1110
SURFSIDE FL 33154 MIAMI FL 33131
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/31/1969** 3a. Date of Last Report **02/23/1994**
4. FEI Number **59-1302063** 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

2. Principal Place of Business 2a. Mailing Address
21 **37 Star Island** 25 **200 S. Biscayne Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **2420**
City & State 27 **2420**
23 **Miami Beach, FL** 28 **Miami, FL**
Zip Country 29 **33131** 30 **U.S.A.**
24 **33139** 25 **U.S.A.**

9. Name and Address of Current Registered Agent
MELAND, MARK S.
701 BRICKELL AVE
1110
MIAMI FL 33131-8538

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
2420 First Union Financial Center
B3 **200 South Biscayne Boulevard**
B4 City **Miami** B5 Zip Code **FL 33131**

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 MARK S. MELAND DATE 3/1/95
Signature, typed or printed name of registered agent and 15% of corporation. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIBER, NATHAN	1.2 NAME	
STREET ADDRESS	1800 NE 114 ST.	1.3 STREET ADDRESS	37 Star Island
CITY-ST-ZIP	NO MIAMI FL	1.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIBER, LAWRENCE	2.2 NAME	
STREET ADDRESS	8888 COLLINS AVE.	2.3 STREET ADDRESS	37 Star Island
CITY-ST-ZIP	SURFSIDE FL	2.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELAND, MARK S.	3.2 NAME	
STREET ADDRESS	701 BRICKELL AVE SUITE 1110	3.3 STREET ADDRESS	200 S. Biscayne Blvd. #2420
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(A), 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 its 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 my address.

SIGNATURE: MARK MELAND, V.P. DATE 3/1/95 (305) 358-6363
Signature and typed or printed name of signing officer or director.