

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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F10491

(1)

1. Corporation Name

R.T. VANBUREN, INC.

Principal Place of Business

**% CBA ASSOCIATES, P.A.
1011 IVES DAIRY RD., SUITE 210
NORTH MIAMI FL 33179**

Mailing Address

**% CBA ASSOCIATES, P.A.
1011 IVES DAIRY RD., SUITE 210
NORTH MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/10/1980

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2041587

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

*** REINHARD, SANFORD N
2875 N.E. 191 ST., SUITE 404
NORTH MIAMI BEACH FL 33180**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BLANKENSTEIN, ROMAN A
STREET ADDRESS 100 BAYVIEW DR #2004
CITY - ST - ZIP N MIAMI BEACH FL

TITLE D
NAME FIALKOV, JOSEPH
STREET ADDRESS 100 BAYVIEW DR #1904
CITY - ST - ZIP N MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
**1183A FINCH AVENUE West
DOWNSVIEW, ONTARIO Canada M3J2S2**

21 ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
**1183A FINCH AVENUE West M3J2G2
DOWNSVIEW, ONTARIO Canada**

31 ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
**WACHSBERG, RICHARD
85 SKYMARK Drive, #2006
North York, ONTARIO, Canada M2H3P2**

41 ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
**600001471696
-05/02/95--01147--021
****200.00 ****200.00**

51 ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 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 I am registered or am an officer with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Wachsberg

4/6/95

(416) 992-3706