

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 # F10491 (1)

1. Corporation Name

R.T. VANBUREN, INC.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

21 c/o CBA Associates, PA

Suite, Apt. #, etc.

22 2650 NE 189 Street

City & State

23 N Miami Beach

Zip

24 33180

Country

25 Dade

2a. Mailing Address

26 c/o CBA Associates, PA

Suite, Apt. #, etc.

27 2650 NE 189 Street

City & State

28 N Miami Beach

Zip

29 33180

Country

30 Dade

3. Date Incorporated or Qualified

11/10/1980

3a. Date of Last Report

05/01/1995

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

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)

(If not, Registered Agent Signature Required when in state)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BLANKENSTEIN, ROMAN A
STREET ADDRESS 1183A FINCH AVENUE WEST
CITY-ST-ZIP DOWNSVIEW-ONTARIO-CANADA ☒ DELETE

TITLE D
NAME FIALKOV, JOSEPH
STREET ADDRESS 1183A FINCH AVENUE WEST
CITY-ST-ZIP DOWNSVIEW-ONTARIO-CANADA ☒ DELETE

TITLE V
NAME WACHSBERG, RICHARD
STREET ADDRESS 85 SKYMARK DRIVE, #2006
CITY-ST-ZIP NORTH YORK-ONTARIO-CANADA ☐ DELETE

TITLE LOUIS WACHSBERG
NAME 85 SKYMARK DR
STREET ADDRESS
CITY-ST-ZIP NORTH YORK-ONTARIO-CANADA ☐ 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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 APRIL 1996

Date

Telephone #

CR2E034 (12/95)